

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000014615

**FILED**  
**Feb 03, 2010**  
**Secretary of State**

**Entity Name:** TOP TRIM LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

2505 N.E. INDIAN RIVER DR., #217  
JENSEN BEACH, FL 34957 US

**New Principal Place of Business:**

**Current Mailing Address:**

1129 SE MAXWELLMLANE  
PORT SAINT LUCIE, FL 34952 US

**New Mailing Address:**

2470 SE TOLEDO AVE  
PORT SAINT LUCIE, FL 34952 US

**FEI Number:** 21-3965056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORSE, WAYNE M  
1129 SE MAXWELL LANE  
PORT ST LUCIE, FL 34952 US

**Name and Address of New Registered Agent:**

MORSE, WAYNE M  
2470 SE TOLEDO AVE  
PORT ST LUCIE, FL 34952 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WAYNE M MORSE

02/03/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MORSE, WAYNE M  
Address: 2470 SE TOLEDO AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WAYNE M MORSE

MGR

02/03/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date