

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028230

FILED
Apr 02, 2009
Secretary of State

Entity Name: TOPPER ONE, LLC

Current Principal Place of Business:

9428 BAYMEADOWS ROAD
SUITE 120
JACKSONVILLE, FL 32256

Current Mailing Address:

9428 BAYMEADOWS ROAD
SUITE 120
JACKSONVILLE, FL 32256

New Principal Place of Business:

2801 ST. JOHNS BLUFF ROAD
SUITE 4
JACKSONVILLE, FL 32246

New Mailing Address:

P.O. BOX 17833
JACKSONVILLE, FL 32245

FEI Number: 20-4574329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOCK, WILLIAM J JR
1890 SOUTH 14TH ST
SUITE 200
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOCK, WILLIAM J JR
Address: 1890 SOUTH 14TH ST SUITE 200
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM () Delete
Name: TREVETT, HARRY R
Address: 9428 BAYMEADOWS ROAD, SUITE 120
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: TREVETT, HARRY R
Address: 2801 ST. JOHNS BLUFF SUITE 4
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WILLIAM J. MOCK JR

MGRM

04/02/2009

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