

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000051658

Entity Name: TOP KAT LLC

**FILED**  
**Jan 20, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

PO BOX 272260  
TAMPA, FL 33688 US

**New Principal Place of Business:**

4557 W. KENNEDY BLVD.  
TAMPA, FL 33609 US

**Current Mailing Address:**

PO BOX 272260  
TAMPA, FL 33688 US

**New Mailing Address:**

FEI Number: 20-4902789

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NEUVELT, DANIEL MR  
4557 W. KENNEDY BLVD  
TAMPA, FL 33609 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: OWNE ( ) Change (X) Addition  
Name: NEUVELT, DANIEL MR.  
Address: 4557 W. KENNEDY BLVD.  
City-St-Zip: TAMPA, FL 33609 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MR. DANIEL NEUVELT

RA

01/20/2007

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