

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000081541

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Entity Name:** TOPAXX OF MOUNT DORA, LLC

**Current Principal Place of Business:**

2636 MCDONALD TERRACE  
MOUNT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

2636 MCDONALD TERRACE  
MOUNT DORA, FL 32757

**New Mailing Address:**

FEI Number: 20-5391334      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

STORM, THORA L  
2636 MCDONALD TERRACE  
MOUNT DORA, FL 32757      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STORM, THORA L  
Address: 2636 MCDONALD TERRACE  
City-St-Zip: MOUNT DORA, FL 32757

Title: MGRM  
Name: BLAIR, MARIA B  
Address: 211 W. 7TH AVE  
City-St-Zip: MT. DORA, FL 32757

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: THORA STORM

MGRM

05/01/2010

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