

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90178 040 ****50.00

DOCUMENT # L06000088605					
1. Entity Name TOP SHELF TRANSPORT LLC					
Principal Place of Business 6959 ABERFELDY AVENUE N SAINT PETERSBURG, FL 33709 US			Mailing Address 6959 ABERFELDY AVENUE N SAINT PETERSBURG, FL 33709 US		
2. Principal Place of Business - No P.O. Box # 3960 Atrium Drive		3. Mailing Address 3960 Atrium Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orlando		City & State Orlando		4. FEI Number 20-5564519	
Zip 32822		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STRAITRAY CORPORATION 124 CALLE DE LEON SAINT AUGUSTINE, FL 32086			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLEMAN, BOBBY 6959 ABERFELDY AVENUE N SAINT PETERSBURG, FL 33709		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Coleman, Bobby 3960 Atrium Drive Orlando, FL 32822	
[Delete]			[Change] [Addition]		
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[Delete]			[Change] [Addition]		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:			5-18-07 727-631-4316		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		