

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099469

FILED
Apr 07, 2008
Secretary of State

Entity Name: TOP FOUR LLC

Current Principal Place of Business:

14106 SW 163 TER
MIAMI, FL 33177 FL

New Principal Place of Business:

Current Mailing Address:

14106 SW 163 TER
MIAMI, FL 33177 FL

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTIZ, ROLANDO
14106 SW 163 TER
MIAMI FL, FL 33177 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: MGR () Delete
Name: ORTIZ, ROLANDO
Address: 14106 SW 163 TER
City-St-Zip: MIAMI, FL 33177 FL

Title: MGR () Delete
Name: ORTIZ, ANA
Address: 14106 SW 163 TER
City-St-Zip: MIAMI, FL 33177 FL

Title: MGR () Delete
Name: ORTIZ, ROSAURA
Address: 14106 SW TER
City-St-Zip: MIAMI, FL 33177 FL

Title: MGR () Delete
Name: ORTIZ, ROLANDO SON
Address: 14106 SW 163 TER
City-St-Zip: MIAMI, FL 33177 FL

ADDITIONS/CHANGES:

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

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

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

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

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: ROLANDO ORTIZ

MGR

04/07/2008

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