2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 27, 2008 8:00 am
Secretary of State
07-29-2008 90034 008 ***138.75

DOCUMENT # L07000002864

1. Entity Name
MOUNTAINTOP, L.L.C.

Principal Place of Business
12854 RAYSBROOK DRIVE
RIVERVIEW, FL 33569

Mailing Address
12854 RAYSBROOK DRIVE
RIVERVIEW, FL 33569

07252008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
Same as above
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Same as above
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
33-1150510
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
LOGAN, MAXINE
12854 RAYSBROOK DRIVE
RIVERVIEW, FL 33569

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 Maxine Logan
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
7/25/08
DATE

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	LOGAN, MAXINE	
STREET ADDRESS	12854 RAYSBROOK DRIVE	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Maxine Logan