## 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025519

Entity Name: TOP DOG RESORTS, LLC

FILED Mar 20, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1923 JOHN HENRY JONES BLVD KISSIMMEE, FL 34741

Current Mailing Address: New Mailing Address:

1923 JOHN HENRY JONES BLVD KISSIMMEE, FL 34741

FEI Number: 20-8590412 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SMALLEY & COMPANY, P.L.

1517 E HILLCREST STREET

ORLANDO, FL 32803 US

HOSKINS, QUIROS, OSBORNE, LABEAUME CPA
926 LAKE BALDWIN LN.
ORLANDO, FL 32814 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: RUSSELL HOSKINS 03/20/2012

Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM

Name: PAPARELLA, ANNMARIE Address: 3503 SOMERSET CIRCLE City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM

Name: PAPARELLA, RALPH JR.
Address: 3503 SOMERSET CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM

Name: NASELLO, FRANCINE
Address: 3540 SOMERSET CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM

Name: NASELLO, EDWARD
Address: 3540 SOMERSET CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM

Name: HORDERN, DEBORAH Address: 1462 THE HIDEOUT City-St-Zip: LAKE ARIEL, PA 18436

Title: MGRM

Name: HORDERN, ROBERT
Address: 1462 THE HIDEOUT
City-St-Zip: LAKE ARIEL, PA 18436

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 Statues.

SIGNATURE: EDWARD R. NASELLO MGRM 03/20/2012

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