

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90066 026 \*\*\*138.75

60005119



<b>DOCUMENT # L07000044703</b> 1. Entity Name TOPS KITCHEN CABINET AND GRANITE, LLC.					
Principal Place of Business 16373 SW 30TH ST MIRAMAR, FL 33027 US			Mailing Address 16373 SW 30TH ST MIRAMAR, FL 33027 US		
2. Principal Place of Business - No P.O. Box # <b>3500 NW 77th CT.</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>3500 NW 77th CT.</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>DORAL, FL</b> Zip <b>33122</b> Country <b>USA</b>		City & State <b>DORAL, FL</b> Zip <b>33122</b> Country <b>USA</b>		4. FEI Number <b>20-8919526</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				01222008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  HUANG, HUA 16373 SW 30TH ST MIRAMAR, FL 33027				7. Name and Address of New Registered Agent Name <b>LIN, YU</b> Street Address (P.O. Box Number is Not Acceptable) <b>3500 NW 77th CT.</b> City <b>DORAL</b> FL Zip Code <b>33122</b>	
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 <u><i>x YU Lin</i></u> <span style="float: right;">1/28/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUANG, HUA 16373 SW 30TH ST MIRAMAR, FL 33027		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIN, YU 3500 NW 77th CT. DORAL, FL 33122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>x YU Lin</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u><i>1/28/08</i></u> Daytime Phone # _____		