

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054499

Entity Name: TOP OF THE DUNE LLC

FILED  
May 06, 2008  
Secretary of State

**Current Principal Place of Business:**

1550 MIRACLE STRIP PKWY  
BEASLEY PARK  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

646 ANCHORS STREET NW  
# 2  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

FEI Number: 02-0742957      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SCHOGER-FLORES, VALENTINA  
646 ANCHORS STREET NW  
# 2  
FORT WALTON BEACH, FL 32548 US

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

SCHOGER-FLORES, V.  
646 ANCHORS STREET NW  
# 2  
FORT WALTON BEACH, FL 32548 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: V. SCHOGER-FLORES

05/06/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHOGER-FLORES, VALENTINA  
Address: 646 ANCHORS STREET NW # 2  
City-St-Zip: FORT WALTON BEACH, FL 32548

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SCHOGER-FLORES, V.  
Address: 646 ANCHORS STREET NW # 2  
City-St-Zip: FORT WALTON BEACH, FL 32548

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: V. SCHOGER-FLORES

MGRM

05/06/2008

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