

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119051

FILED
Apr 08, 2008
Secretary of State

Entity Name: TOP THIS LINENS, L.L.C.

Current Principal Place of Business:

10103 SAILWINDS BLVD N., STE 104
LARGO, FL 33773

New Principal Place of Business:

Current Mailing Address:

10103 SAILWINDS BLVD N., STE 104
LARGO, FL 33773

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:

LEGER, SHARON J
9000 94TH ST. NO.
SEMINOLE, FL 339772303 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: FEDORCZYK, THERESA
Address: 10103 SAILWINDS BLVD N., STE 104
City-St-Zip: LARGO, FL 33773

Title: MGR () Delete
Name: FILSON, PATRICK
Address: 10103 SAILWINDS BLVD N., STE 104
City-St-Zip: LARGO, FL 33773

Title: MGR () Delete
Name: POULSO, CASSIE G
Address: 10103 SAILWINDS BLVD N., STE 104
City-St-Zip: LARGO, FL 33773

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: GALANOPOULOS, CASSIE
Address: 10103 SAILWINDS BLVD N., STE 104
City-St-Zip: LARGO, FL 33773

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: CASSIE GALANOPOULOS

MGR

04/08/2008

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