

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000003680

**FILED**  
**Oct 01, 2010**  
**Secretary of State**

**Entity Name:** TOP OF THE VILLAGE, LLC

**Current Principal Place of Business:**

674 W. TROPICAL WAY  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

674 W. TROPICAL WAY  
PLANTATION, FL 33317

**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:**

FRYE, AUSTIN A ESQ  
20900 WEST DIXIE HIGHWAY  
AVENTURA, FL 33180 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: AUSTIN A. FRYE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MATTHEW & PAULA CARR, LLLP  
Address: 674 W. TROPICAL WAY  
City-St-Zip: PLANTATION, FL 33317

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 Statutes.

SIGNATURE: MATTHEW & PAULA CARR, LLLP

MGRM

10/01/2010

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