

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000049921

FILED  
Nov 04, 2009  
Secretary of State

**Entity Name:** TOP NOTCH VENTURES, LLC

**Current Principal Place of Business:**

2686 PINE SHADOW LANE  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

2686 PINE SHADOW LANE  
CLERMONT, FL 34711 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

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

AKOOKA, RUBI  
2686 PINE SHADOW LANE  
CLERMONT, FL 34711 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: RUBI AKOOKA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KLEIDER, ITZHAK  
Address: 535 ANISE COURT  
City-St-Zip: KISSIMMEE, FL 34759 US

Title: MGR ( ) Delete  
Name: AKOOKA, RUBI  
Address: 2686 PINE SHADOW LANE  
City-St-Zip: CLERMONT, FL 34711 US

**ADDITIONS/CHANGES:**

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

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

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: RUBI AKOOKA

MGR

11/04/2009

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