## L1700000535a

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## COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Top flight - SS  Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
CVAIS ELLIS Name of Person				
Top Firm/Company				
2055 175T Address				
Vero Brach, 17 32860 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Crars Elis at (772 ) 325-996  Name of Person Area Code & Daytime Telephone Number				
Mailing Address:  Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Mailing Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amount:				
\$25 Filing Fee				
INHS18 (2/14)				



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2020

TOPFLIGHT - SS LLC 2055 17TH STREET VERO BEACH, FL 32960

SUBJECT: TOPFLIGHT-SS LLC Ref. Number: L17000005352

Our records indicate the registered agent for the above named limited liability company resigned on May 21, 2020 and that the limited liability company currently does not have a registered agent designated.

Chapter 605, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a limited liability company for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named limited liability company 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). Each one of these filings must be submitted with the appropriate filing fee.

If you should need any further information, please contact our office at (850) 245-6823.

Tammi Cline Regulatory Specialist III Division of Corporations

Letter Number: 520A00013425

www.sunbiz.org

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	nme of the limited liability company: Top Hight-5	5	
2. (a)	Principal office address of limited liability company:	Mailing address of limited liabil	
	1055 175 20 2055 175 20 JUD BEBUS H 37960	(Note: MAY BE POST OFF	BZQCAE
3.	Date of filing/registration in Florida 4.	Document number	55 <u>_</u>
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept, of	State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		ي.
	FL		SERVE 20 AUG
(b)	Crais Elus		9-10-10-10-10-10-10-10-10-10-10-10-10-10-
•	Enter name of NEW Registered Agent and/or NEW Registered Office address:		OF SIA
	NEW Registered Office Address:  USD BLOCK C 32960		1.01: 1.01:
	,		
change agent v was/we	imited liability company is not organized under the laws of the State of cor changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, are authorized by an affirmative vote of the members of the limited liability in the operating agreement of the limited liability	and the business office of the it is hereby confirmed that the oility company or as otherwise	e registered e change(s)
Signa	ture of a member or authorized representative of a member	Printed or typed name of signe	ee
provisi the obl to mere	by accept the appointment as registered agent and agree to act in this distributed ions of all statutes relative to the proper and complete performance of ligations of my position as registered agent as provided for in Chapter ely reflect a change in the registered office address, I hereby confirm to d in writing of this change.	mv duties, änd Lam familiar v	vith and accept
Signatu	re of Benistered Agent		