

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000139367

**Entity Name:** ITOP BUILDER LLC

**Current Principal Place of Business:**

5913 SAINT AUGUSTINE RD  
STE 6  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

5913 SAINT AUGUSTINE RD  
STE 6  
JACKSONVILLE, FL 32207 US

**FEI Number:** 27-1762958

**Certificate of Status Desired:** No

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

SILVA, FABIO  
5913 SAINT AUGUSTINE RD  
STE 6  
JACKSONVILLE, FL 32207 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:**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name SILVA, FABIO  
Address 5913 SAINT AUGUSTINE RD  
STE 6  
City-State-Zip: JACKSONVILLE FL 32207

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FABIO DASILVA

**MANAGER**

**05/01/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date