

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000040544

**Entity Name:** TOP RESTORATION LLC

**Current Principal Place of Business:**

6511 NOVA DR, #126  
DAVIE, FL 33317

**Current Mailing Address:**

6511 NOVA DR. #126  
DAVIE, FL 33317 US

**FEI Number:** 82-4450698

**Certificate of Status Desired:** No

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

GINO, GUY  
45 SEVILLE CIR.  
DAVIE, FL 33324 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 GINO, GUY  
Address 6511 NOVA DR, #126  
City-State-Zip: DAVIE FL 33317

Title MGR  
Name YUDKEVICH-GINO, AVIVIT  
Address 6511 NOVA DR, #126  
City-State-Zip: DAVIE FL 33317

*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:** GUY GINO

**MGR**

**01/17/2020**

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

\_\_\_\_\_  
Date