

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000004306

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** TOTAL PUMP & SUPPLY, L.L.C.

**Current Principal Place of Business:**

4680 NE EVANGELINE THRUWAY  
CARENCRO, LA 70520

**New Principal Place of Business:**

**Current Mailing Address:**

4680 NE EVANGELINE THRUWAY  
CARENCRO, LA 70520

**New Mailing Address:**

**FEI Number:** 26-3404758

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ARSEMENT, KEITH  
**Address:** 4680 NE EVANGELINE THRUWAY  
**City-St-Zip:** CARENCRO, LA 70520

**Title:** MGR  
**Name:** DICKERSON, RON  
**Address:** 4680 NE EVANGELINE THRUWAY  
**City-St-Zip:** CARENCRO, LA 70520

**Title:** MGR  
**Name:** FONTES, DAVID JR  
**Address:** 19 SOUTHERN COLONEL RD.  
**City-St-Zip:** LAUREL, MS 39443

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:** KEITH ARSEMENT

MGR

04/21/2010

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