

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000004369

Entity Name: TOTALFLORAL, LLC

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

19800 SOUTHWEST 272 STREET  
HOMESTEAD, FL 33031

**New Principal Place of Business:**

**Current Mailing Address:**

19800 SOUTHWEST 272 STREET  
HOMESTEAD, FL 33031

**New Mailing Address:**

FEI Number: 65-1089078

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUSS, CHRISTOPHER  
19800 SOUTHWEST 272 STREET  
HOMESTEAD, FL 33031 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: BUSS, CHRISTOPHER  
Address: 19800 SOUTHWEST 272 STREET  
City-St-Zip: HOMESTEAD, FL 33031

Title: MGR  
Name: BUSS, ALISON  
Address: 16780 SW 280 ST  
City-St-Zip: HOMESTEAD, FL 33031

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: CHRISTOPHER BUSS

PRES

01/10/2011

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