

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90025 017 \*\*\*150.00

**DOCUMENT # L01000022189**

1. Entity Name

**TOTAL I MANAGEMENT, LLC**



Principal Place of Business

755 WEST BRANDON BLVD.  
BRANDON FL 33511

Mailing Address

755 WEST BRANDON BLVD.  
BRANDON FL 33511

2. Principal Place of Business

**122 Linsley Avenue**

Suite, Apt. #, etc.

**Ste A**

City & State

**Brandon, FL**

Zip

**33511**

Country

**USA**

3. Mailing Address

**122 Linsley Avenue**

Suite, Apt. #, etc.

**Ste A**

City & State

**Brandon, FL**

Zip

**33511**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0553221**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CFRA, LLC

ONE HARBOUR PLACE

777 S. HARBOUR ISLAND BLVD, STE 500

TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

**Warren W. Wylie, II**

Street Address (P.O. Box Number is Not Acceptable)

**122 Linsley Avenue, Ste A**

City

**Brandon**

**FL**

Zip Code

**33511**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **X** **Warren W. Wylie, II Executive Director 3/13/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **D** ☒ Delete  
NAME **BEKHOR, DAVID**  
STREET ADDRESS **14390 CARLSON CIRCLE**  
CITY-ST-ZIP **TAMPA FL 33626**

TITLE **D** ☐ Delete  
NAME **NANNI, M. DOUGLAS**  
STREET ADDRESS **603 WATERWOOD COURT**  
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☐ Delete  
NAME **WYLIE, WARREN W II**  
STREET ADDRESS **510 CAULDER PARK ROAD**  
CITY-ST-ZIP **SEFFNER FL 33594**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **D** ☒ Change ☐ Addition  
NAME **Bekhor, David**  
STREET ADDRESS **3505 Berger Rd.**  
CITY-ST-ZIP **Lutz, FL 33548**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: **X** **SIGNATURE REQUIRED** **Warren W. Wylie, II 3/13/03 (813) 657-4914**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)