

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State


04-27-2005 90037 019 ****55.00

14002232



DOCUMENT # L02000003288

1. Entity Name
 TOT STOP, LLC



Principal Place of Business
 18689 SHAUNA MANOR DRIVE
 BOCA RATON, FL 33496 US

Mailing Address
 18689 SHAUNA MANOR DRIVE
 BOCA RATON, FL 33496 US

2. Principal Place of Business
 2890 SW 22nd Circle
 Suite, Apt. #, etc.
 24-D2
 City & State
 Delray Beach, FL
 Zip
 33445
 Country
 USA

3. Mailing Address
 2890 SW 22nd Circle
 Suite, Apt. #, etc.
 24-D2
 City & State
 Delray Beach, FL
 Zip
 33445
 Country
 USA

04132005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 04-3610560

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 NOBLE, EUGENIA E MGR
 18689 SHAUNA MANOR DRIVE
 BOCA RATON, FL 33496

7. Name and Address of New Registered Agent
 Name
 Noble, Eugenia E. Mgr.
 Street Address (P.O. Box Number is Not Acceptable)
 2890 SW 22nd Circle
 24-D2
 City
 Delray Beach FL Zip Code
 33445

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 Eugenia E. Noble DATE 4-25-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NOBLE, EUGENIA E 18689 SHAUNA MANOR DRIVE BOCA RATON, FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. NOBLE EUGENIA E. 2890 SW 22 nd Circle 24-D2 Delray Beach, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Eugenia E. Noble DATE 4-25-05 561-330-9657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE