

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014802

Entity Name: INTERNET TOTAL LLC

FILED
Jul 02, 2007
Secretary of State

Current Principal Place of Business:

1580 SAWGRASS CORPORATE PKWY
130
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1580 SAWGRASS CORPORATE PKWY
130
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 65-1187922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VACCA, VIVIAN
16500 GOLF CLUB RD
311
WESTON, FL 33326 US

Name and Address of New Registered Agent:

VACCA, VIVIAN
1580 SAWGRASS CORPORATE PKWY
130
SUNRISE, FL 33323 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: _____

07/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VACCA, VIVIAN
Address: 1580 SAWGRASS CORPORATE PKWY, 130
City-St-Zip: SUNRISE, FL 33323 US

Title: MGRM () Delete
Name: RIVERA, CARLOS A
Address: 1580 SAWGRASS CORPORATE PKWY, 130
City-St-Zip: SUNRISE, FL 33323 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: VIVIAN L VACCA

MGMR

07/02/2007

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