

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90251 041 ****55.00

DOCUMENT # L04000036011					
1. Entity Name TOTAL MAINTENANCE OF TAMPA, LLC					
Principal Place of Business 8726 N. HAMNER AVE TAMPA, FL 33604			Mailing Address 8726 N. HAMNER AVE TAMPA, FL 33604		
2. Principal Place of Business - No P.O. Box # 8726 N. HAMNER AVE Suite, Apt. #, etc. TAMPA FL 33604 City & State TAMPA FL Zip 33604 Country USA		3. Mailing Address 8726 N. HAMNER AVE Suite, Apt. #, etc. TAMPA FL City & State TAMPA FL Zip 33604 Country USA			
02152007 Chg-LLC CR2E083 (12/06)				4. FEI Number 03-0541618	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STANCHIU, JORGE 8726 N. HAMNER AVE TAMPA, FL 33604			7. Name and Address of New Registered Agent Name <u>YADIRA STANCHIU</u> Street Address (P.O. Box Number is Not Acceptable) <u>8726 N. HAMNER AVE</u> City <u>TAMPA</u> FL <u>33604</u>		
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: <u>Yadira Stanchiu</u> <u>Yadira Stanchiu</u> <u>4/30/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Killing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STANCHIU, JORGE 8726 N. HAMNER AVE TAMPA, FL 33604	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER JORGE STANCHIU 8726 N. HAMNER AVE TAMPA FL 33604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMON, CORONA 8726 N. HAMNER AVE TAMPA, FL 33604	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER YADIRA STANCHIU 8726 N. HAMNER AVE TAMPA FL 33604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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: <u>Yadira Stanchiu</u>			<u>4/30/2007</u> (813) 918-5436		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		