

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000002153

**FILED**  
**Jan 26, 2010**  
**Secretary of State**

**Entity Name:** TOTAL PROTECTION PLUS LLC

**Current Principal Place of Business:**

11515 66TH ST N  
LARGO, FL 33773

**New Principal Place of Business:**

**Current Mailing Address:**

11515 66TH ST N  
LARGO, FL 33773

**New Mailing Address:**

**FEI Number:** 52-2448742

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCGINTY, A. EDWARD  
BANK OF AMERICA PLAZA  
101 E. KENNEDY BLVD., SUITE 2800  
TAMPA, FL 33602 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:** POITRAS, ROBERT  
**Address:** 11515 66TH ST N  
**City-St-Zip:** LARGO, FL 33773

**Title:** MGR  
**Name:** WILLIAMS, NEIL  
**Address:** 11515 66TH ST N  
**City-St-Zip:** LARGO, FL 33773

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:** ROBERT POITRAS

MGR

01/26/2010

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