FILED
Sep 08, 2006 8:00 am
Secretary of State
08-07-2006 90110 038 ****55.00

8/7/

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000046106

1. Entity Name
TOTAL SOLUTIONS, USA, LLC

Principal Place of Business	Mailing Address
14912 S.W. 35TH STREET DAVIE, FL 33331	14912 S.W. 36TH STREET DAVIE, FL 33331

06302006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 83-0429271 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STRAUS, ARNOLD JR 10081 PINES BOULEVARD, SUITE C PEMBROKE PINES, FL 33024	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________ DATE
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 September 5, 2006		Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MANAGER MEMBER~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER/MANAGER NORMAN M. STED, JR. 14912 SW 36th St. Davie, FL 33331-2737	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER-MANAGER KATHY A. STED 14912 SW 36th St. Davie, FL 33331-2737	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] Norm M. Sted Jr. 1Aug 06 954-258-5460
Signature, typed or printed name of signing managing member, manager, or authorized representative / Date / Daytime Phone #
MEMBER/MANAGER

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/7/2006-90110-038-$55.00-$55.00

DOCUMENT # L05000046106

1. Entity Name
TOTAL SOLUTIONS, USA, LLC

ATTACHMENT
30013172
[redacted]

Principal Place of Business	Mailing Address
14912 S.W. 36TH STREET DAVIE, FL 33331	14912 S.W. 36TH STREET DAVIE, FL 33331

06302006 Chg-LLC CR2E083 (11/05)

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Suite, Apt. #, etc.		Suite, Apt. #, etc.	
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SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	~~MANAGING MEMBER~~ ☐ Delete	TITLE	MEMBER/MANAGER ☐ Change ☐ Addition
NAME		NAME	NORMAN M. STED, JR.
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	SAME AS ABOVE.
TITLE	☐ Delete	TITLE	MEMBER-MANAGER ☐ Change ☐ Addition
NAME		NAME	KATHY A. STED
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	SAME AS ABOVE
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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SIGNATURE: [signature] Norm M. Sted Jr. 1 Aug 06 954-258-5460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
MEMBER/MANAGER

ATTACHMENT

30013172

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2006

TOTAL SOLUTIONS, USA, LLC
14912 S.W. 36TH STREET
DAVIE, FL 33331

Subject: **TOTAL SOLUTIONS, USA, LLC**

Reference Number: **L05000046106**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the street address of each manager, managing member or principal listed on the report or on an attachment.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.
If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/AL
ANNUAL REPORTS SECTION

SEE ATTACHED COPY - I RE-WROTE IT IN CASE "SAME AS ABOVE" IS NOT ACCEPTABLE.