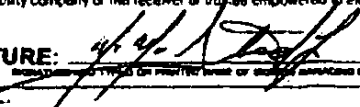


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

8/7/06

FILED
Sep 08, 2006 8:00 am
Secretary of State

08-07-2006 90110 038 *****55.00

DOCUMENT # L05000046106					
1. Entity Name TOTAL SOLUTIONS, USA, LLC					
Principal Place of Business 14912 S.W. 36TH STREET DAVE, FL 33331			Mailing Address 14912 S.W. 36TH STREET DAVE, FL 33331		
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 03-0429271	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STRAUS, ARNOLD JR 10081 PINES BOULEVARD, SUITE C PEMBROKE PINES, FL 33024			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 Signature, report to several name of registered agent and pay if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	MANAGING MEMBER			MEMBER / MANAGER	
				NORMAN M. STED, JR.	14912 SW 36th St. Davie, FL 33331-2737
				KATHY A. STED	14912 SW 36th St. Davie, FL 33331-2737
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 606, Florida Statutes.					
SIGNATURE: 			NAME: NORMAN M. STED JR. DATE: 1 AUG 06 954-258-5460		
			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					
Principal Place of Business 74912 S.W. 36TH STREET DAVIE, FL 33331			Mailing Address 14912 S.W. 36TH STREET DAVIE, FL 33331		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 83-0429271	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent STRAUS, ARNOLD JR 10081 PINES BOULEVARD, SUITE C PEMBROKE PINES, FL 33024			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when removing) _____ DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGING MEMBER ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEMBER/MANAGER ☐ Change ☐ Addition NORMAN M. STED, JR. SAME AS ABOVE.	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEMBER-MANAGER ☐ Change ☐ Addition KATHY A. STED SAME AS ABOVE.	
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: <u>Norman M. Sted Jr.</u> 1 AUG 06 954-258-5460 MEMBER/MANAGER					

ATTACHMENT

30013172



ATTACHMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

30013172

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

P.O. BOX 6478 - Tallahassee, Florida 32314

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