

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000123010

**FILED**  
**Jan 09, 2007**  
**Secretary of State**

**Entity Name:** TOTAL TELECOMMUNICATIONS SOLUTIONS, LLC

**Current Principal Place of Business:**

1105 LIDFLOWER ST.  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

1105 LIDFLOWER ST.  
HOLLYWOOD, FL 33019

**New Mailing Address:**

**FEI Number:** 20-4202009

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KAUFMAN, O'KIM J  
1105 LIDFLOWER ST  
HOLLYWOOD, FL 33019 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: O'KIM J KAUFMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KAUFMAN, O'KIM J  
Address: 1105 LIDFLOWER ST.  
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGR ( ) Delete  
Name: KAUFMAN, JOEL D  
Address: 1105 LIDFLOWER ST.  
City-St-Zip: HOLLYWOOD, FL 33019

**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 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: O'KIM J KAUFMAN

MGR

01/09/2007

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