

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000003907 1. Entity Name TOTAL MANAGEMENT SERVICES, LLC	
---	---

Principal Place of Business 201 RONJA LANE VALRICO, FL 33594	Mailing Address 201 RONJA LANE VALRICO, FL 33594
--	--

DO NOT WRITE IN THIS SPACE



01032008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4744798	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SYCIP, NATIVIDAD 712 CHARTERWOOD PLACE VALRICO, FL 33594
--

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SYCIP-SHEPARD, SANDRA 201 RONJA LANE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEPARD, SCOTT J 201 RONJA LANE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SYCIP, NATIVIDAD 712 CHARTERWOOD PLACE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000812849 02/12/08-80064-023 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Natividad Sycip - NATIVIDAD SYCIP **JANUARY 30, 2008** (818) 758-5805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #