

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030022

FILED
Jul 19, 2007
Secretary of State

Entity Name: TOTAL GROUP CONSULTANT, LLC

Current Principal Place of Business:

5411 SW 41ST ST.
PEMBROKE PINES, FL 33023

New Principal Place of Business:

Current Mailing Address:

5411 SW 41ST ST.
PEMBROKE PINES, FL 33023

New Mailing Address:

FEI Number: 13-4353124 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351 US

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: MGRM () Delete
Name: JOSEPH, RUFUS
Address: 3675 N COUNTRY CLUB DRIVE, UNIT 2508
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: LIMONTAS, MARIE ALIX
Address: 3675 N COUNTRY CLUB DRIV, UNIT 2508
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RUFUS, JOSEPH
Address: 4911 SW 205TH AVE
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: MGRM (X) Change () Addition
Name: LIMONTAS, MARIE ALIX
Address: 5411 SW 41ST ST.
City-St-Zip: PEMBROKE PINES, FL 33023

I hereby certify that the information supplied with this filing does not qualify 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: MARIE ALIX LIMONTAS

MGRM

07/19/2007

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