

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Amended

DOCUMENT # L06000030022			
1. Entity Name TOTAL GROUP CONSULTANT, LLC			
Principal Place of Business 5411 SW 41ST ST. PEMBROKE PINES FL 33023		Mailing Address 5411 SW 41ST ST. PEMBROKE PINES FL 33023	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



**FILED**  
07 DEC 11 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2nd MOORE CR2E083 (4/07)

4. FEI Number 13-4353124  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

A1A REGISTERED AGENT INC.  
92 SADBERRY ROAD  
QUINCY FL 32351

## 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JOSEPH, RUFUS	
STREET ADDRESS	3675 N COUNTRY CLUB DRIVE, UNIT 2508	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LIMONTAS, MARIE ALIX	
STREET ADDRESS	3675 N COUNTRY CLUB DRIV, UNIT 2508	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUFUS JOSEPH	
STREET ADDRESS	5411 SW 41st Street	
CITY-ST-ZIP	Pembroke Pines FL 33023	
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIE ALIX LIMONTAS	
STREET ADDRESS	5411 SW 41st Street	
CITY-ST-ZIP	Pembroke Pines FL 33023	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

900113158779  
12/14/07--01048--006 \*\*60.00

**REINSTATEMENT**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #