

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040723

FILED  
Feb 04, 2009  
Secretary of State

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

**Current Principal Place of Business:**

644 NORTH FERDON BLVD.  
CRESTVIEW, FL 32536

**New Principal Place of Business:**

603 NORTH FERDON BLVD.  
CRESTVIEW, FL 32536

**Current Mailing Address:**

PO BOX 628  
CRESTVIEW, FL 32536

**New Mailing Address:**

**FEI Number:** 20-4720927

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, WANDA  
5256 KEMP RD.  
CRESTVIEW, FL 32539 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JONES, WANDA  
Address: 644 NORTH FERDON BLVD  
City-St-Zip: CRESTVIEW, FL 32536

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JONES, WANDA  
Address: 603 NORTH FERDON BLVD  
City-St-Zip: CRESTVIEW, FL 32536

Title: MGRM ( ) Change (X) Addition  
Name: HALL, AMIRAH  
Address: 603 NORTH FERDON BLVD  
City-St-Zip: CRESTVIEW, FL 32536

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: WANDA JONES

MGR

02/04/2009

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