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Feb 07, 2007 8:00 am
Secretary of State

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000045401

1. Entity Name
TOTAL HEALTH CONSULTING, L.L.C.

Principal Place of Business	Mailing Address
C/O AIDA IRIS CUASCUT-REYES 1207 BLOOM HILL AVENUE VALRICO, FL 33594	C/O AIDA IRIS CUASCUT-REYES 1207 BLOOM HILL AVENUE VALRICO, FL 33594

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
653 W. Lumsden Rd.	653 W. Lumsden Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brandon, Florida	City & State: Brandon, FL
Zip: 33511 Country: Hillsborough	Zip: 33511 Country: Hillsborough

4. FEI Number: 20-4170406 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CUASCUT-REYES, AIDA IRIS 1207 BLOOM HILL AVENUE VALRICO, FL 33594	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 resigning) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Aida I. Cuascut-Reyes 1207 Bloom Hill Ave. Valrico, FL 33594 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Aida Cuascut Reyes 1/9/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #