

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000092032

1. Entity Name
TOTAL MANAGEMENT SOLUTIONS GRP, LLC



FILED

08 JAN - 7 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3414 BALTUSROL LN
LAKE WORTH, FL 33467 US

Mailing Address
3414 BALTUSROL LN
LAKE WORTH, FL 33467 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10252007 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

20 5832691

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIETERS, JASMIN C
3414 BALTUSROL LN
LAKE WORTH, FL 33467

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
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
MENDOZA, LESTER V
3389 ARTESIAN DR
LAKE WORTH, FL 33462

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

700113612207
01/03/08--01034--004 **50.00

TITLE
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STREET ADDRESS
CITY-ST-ZIP

MGR
PIETERS, NOHELY N
3414 BALTUSROL LN
LAKE WORTH, FL 33467

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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

Nohely Pieters

11-17-07

Date

(561) 683-2585

Daytime Phone #

REINSTATEMENT