

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000110188 1. Entity Name TOTAL NETWORK RESOURCES, LLC	
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Principal Place of Business 4812 FEATHERBED SARASOTA, FL 34242 US	Mailing Address 4812 FEATHERBED SARASOTA, FL 34242 US
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DO NOT WRITE IN THIS SPACE



02082008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5881764	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LINDSEY, THORIN 5726 FORESTER LAKE DR. SARASOTA, FL 34243
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**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOHAN, RHONA 4812 FEATHERBED SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CROWE, AMANDA 4812 FEATHERBED SARASOTA, FL 34242
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02/29/08-80028-011-138.75

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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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #