

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110188

FILED
Apr 06, 2009
Secretary of State

Entity Name: TOTAL NETWORK RESOURCES, LLC

Current Principal Place of Business:

4812 FEATHERBED
SARASOTA, FL 34242 US

New Principal Place of Business:

7366 S TAMiami TRAIL
SARASOTA, FL 34231 US

Current Mailing Address:

4812 FEATHERBED
SARASOTA, FL 34242 US

New Mailing Address:

7366 S TAMiami TRAIL
SARASOTA, FL 34231 US

FEI Number: 20-5881764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDSEY, THORIN
5726 FORESTER LAKE DR.
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

BOHAN, RHONA
7366 S TAMiami TRAIL
SARASOTA, FL 34231 US

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: RHONA BOHAN

04/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOHAN, RHONA
Address: 4812 FEATHERBED
City-St-Zip: SARASOTA, FL 34242 US

Title: MGRM () Delete
Name: CROWE, AMANDA
Address: 4812 FEATHERBED
City-St-Zip: SARASOTA, FL 34242 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOHAN, RHONA
Address: 7366 S TAMiami TRAIL
City-St-Zip: SARASOTA, FL 34231 US

Title: MGRM (X) Change () Addition
Name: CROWE, AMANDA
Address: 7466 S TAMiami TRAIL
City-St-Zip: SARASOTA, FL 34231 US

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: RHONA BOHAN

CEO

04/06/2009

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