

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121453

FILED
Apr 26, 2008
Secretary of State

Entity Name: TOTAL PACKAGE MANAGEMENT LLC

Current Principal Place of Business:

3610 KIRKPATRICK CIR - UNIT 9
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

3610 KIRKPATRICK CIR - UNIT 9
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GOLPHIN, WILLIAM M
5737 ELLIS TRACE DR
JACKSONVILLE, FL 32205 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: MGRM () Delete
Name: HARP, QUINCY T II
Address: 3610 KIRKPATRICK CIR - UNIT 9
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM () Delete
Name: GOLPHIN, WILLIAM M
Address: 5737 ELLIS TRACE DR
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGRM () Delete
Name: SMITH N, MARQUES D E
Address: 1736 EASTERN RD
City-St-Zip: S SAYTONA, FL 32119

ADDITIONS/CHANGES:

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

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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: WILLIAM GOLPHIN

MGRM

04/26/2008

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