2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# L07000121453

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: 26-1559820 **FEI Number Applied For ( )** **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:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 M. GOLPHIN MGR 02/12/2009

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