

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098307

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** TOTAL PROPERTY MAINTENANCE SPECIALISTS "LLC"

**Current Principal Place of Business:**

1207 S.W. 13TH TERRACE  
CAPE CORAL, FL 33991 US

**New Principal Place of Business:**

**Current Mailing Address:**

1207 S.W. 13TH TERRACE  
CAPE CORAL, FL 33991 US

**New Mailing Address:**

**FEI Number:** 26-3549650      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SAUERBREY, DOREEN A  
1207 S.W. 13TH TERRACE  
CAPE CORAL, FL 33991 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: SAUERBREY, DOREEN A  
Address: 1207 S.W. 13TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33991 US

Title: MGRM ( ) Delete  
Name: FLEMING, PAMELA  
Address: 3742 S.E. 1ST PLACE  
City-St-Zip: CAPE CORAL, FL 33904 US

**ADDITIONS/CHANGES:**

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: PAMELA FLEMING

MGRM

05/01/2009

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