

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

10 OCT 26 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000112825

1. Entity Name
TOTAL SERVICES OF CENTRAL FLA LLC



Principal Place of Business
38 PUTNAM AVE
ORMOND BEACH, FL 32174

Mailing Address
38 PUTNAM AVE
ORMOND BEACH, FL 32174



2. Principal Place of Business - No P.O. Box #

159 Ponce de Leon Dr.

3. Mailing Address

Suite, Apt. #, etc.

08122010 Chg-LLC CR2E083 (11/08)

City & State

Ormond Bch, FL

City & State

Ormond Bch, FL

4. FEI Number
35-2261887

Applied For
Not Applicable

Zip
32176

Country
US

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HULSIZER, MARK
38 PUTNAM AVE
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

Name Hulsizer, Mark

Street Address (P.O. Box Number is Not Acceptable)

159 Ponce de Leon Dr.

City Ormond Bch

FL

Zip Code 32176

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HULSIZER, MARK
STREET ADDRESS 38 PUTNAM AVE
CITY-ST-ZIP ORMOND BEACH, FL 32174 ☐ Delete

TITLE SEC
NAME HULSIZER, TABITHA
STREET ADDRESS 38 PUTNAM AVE
CITY-ST-ZIP ORMOND BEACH, FL 32174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME Hulsizer, Mark
STREET ADDRESS 159 Ponce de Leon Dr.
CITY-ST-ZIP Ormond Bch FL 32176 ☒ Change ☐ Addition

TITLE SEC
NAME Hulsizer, Tabitha
STREET ADDRESS 159 Ponce de Leon Dr.
CITY-ST-ZIP Ormond Bch FL 32176 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: mhulsizer@cpl.rk.com
Mark Hulsizer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

File w/ penalty. See Reflections Note. Expires 10/26