

L10000036237

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(Address)

(Address)

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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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T. HAMPTON

JUN -7 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TOTAL MOBILITY SERVICES LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADAM LELAND GOOTGELD  
Name of Person

TOTAL MOBILITY SERVICES LLC  
Firm/Company

3325 HOLLYWOOD BLVD SUITE 207  
Address

HOLLYWOOD, FL 33021  
City/State and Zip Code

TOTALMOBILITYSUPPLIES@LIVE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADAM LELAND GOOTGELD at ( 305 ) 479-6115  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: TOTAL MOBILITY SERVICES LLC

2. (a) Principal office address of limited liability company: 3181 S. OCEAN DRIVE #408W

(Note: **MUST BE STREET ADDRESS**) HALLANDALE, FL 33009

(b) Mailing address of limited liability company: \_\_\_\_\_

(Note: **MAY BE POST OFFICE BOX**) 3181 S. OCEAN DRIVE #408W  
HALLANDALE, FL 33009

4/5/2010 3. Date of filing/registration in Florida L10000036237 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: ADAM LELAND GOOTGELD

Registered Office Address: 3181 S. OCEAN DRIVE #408W  
HALLANDALE, FL 33009

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent**: \_\_\_\_\_

**NEW Registered Office Address**: 3325 HOLLYWOOD BLVD SUITE 207  
**(MUST BE FLORIDA STREET ADDRESS)** HOLLYWOOD, FL 33021

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Adam Gootgeld  
Signature of a member or authorized representative of a member

ADAM GOOTGELD  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Adam Gootgeld  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JUN - 4 AM '10