

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000080446

Entity Name: TOTAL RV, L.L.C

**FILED**  
**Mar 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8457 SE SHARON STREET  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

8457 SE SHARON STREET  
HOBE SOUND, FL 33455

**New Mailing Address:**

PO BOX 482  
HOBE SOUND, FL 33475

FEI Number: 27-3159504

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOWE, THOMAS  
8457 SE SHARON STREET  
HOBE SOUND, FL 33455 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: MGR  
Name: LOWE, THOMAS  
Address: 8457 SE SHARON STREET  
City-St-Zip: HOBE SOUND, FL 33455

Title: MGR  
Name: MILLEY, RACHAEL  
Address: 8457 SE SHARON STREET  
City-St-Zip: HOBE SOUND, FL 33455

I hereby 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: THOMAS LOWE

MGR

03/26/2011

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