2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT # L9900004455 1. Entity Name TOTALLY ME, LLC						03-01-2008	3 90033 024 ***13	08.75
Principal Place 7633 CONRO ORLANDO, FI)Y-WINDERMERE ROAD	Mailing Address 7633 CONROY-WINDER ORLANDO, FL 32835	7633 CONROY-WINDERMERE RD					· .
2. Principal P	flace of Business - No P.O. Box #	3. Mailing Address		-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			IDIIO IOITI ORITE ODITI UNI	21 Milit Wall Wall Will Milit Milit William		
				03052008	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numbe 59-3650			plied For t Applicable	
Zip	Country	Zip	Country			of Status Desired	\$5.00 Add	
	6. Name and Address of Current	L Registered Agent			7. Name and	Address of New F	·············	
FOLIDIE MADIE				Name				
FOURIE, MARIE 7633 CONROY-WINDERMERE RD ORLANDO, FL 32835				Street Address (P.O. Box Number is Not Acceptable)				
				City	FL Zip Code			
		registere	red office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
:SIGNATURE	tions of registered agent.							
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	E: Registere	d Agent signature required	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							te check payable to a Bepartment of State	
9.	MANAGING MEMB		10.			ADDITIONS		
TITLE NAME	MGR FOURIE, MARIE	Delete	TITLE		☐ Change ☐ Addition			Addition
STREET ADDRESS 7633 CONROY-WINDERMERE ROAD								
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	ORLANDO, FL 32835	_	CITY	-ST-ZIP		. .—	Change	Addition
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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 mem limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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