

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M04000000641

FILED
Sep 19, 2006
Secretary of State

Entity Name: TOTAL MARKETING STRATEGIES LLC

Current Principal Place of Business:

18702 SHAUNA MANOR DR.
BOCA RATON, FL 33496

New Principal Place of Business:

18708 SHAUNA MANOR DR.
STE. 101
BOCA RATON, FL 33496

Current Mailing Address:

18702 SHAUNA MANOR DR.
BOCA RATON, FL 33496

New Mailing Address:

18708 SHAUNA MANOR DR.
STE. 101
BOCA RATON, FL 33496

FEI Number: 20-0652486 **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:

BUTLER, DEBBIE
18702 SHAUNA MANOR DR.
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

BUTLER, DEBBIE
18708 SHAUNA MANOR DR.
STE. 101
BOCA RATON, FL 33496 US

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: DEBBIE BUTLER

09/19/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BUTLER, DEBBIE
Address: 18702 SHAUNA MANOR DR.
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BUTLER, DEBBIE
Address: 18708 SHAUNA MANOR DR., STE. 101
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBBIE BUTLER

MGR

09/19/2006

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