

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000004133

**FILED**  
**Mar 20, 2009**  
**Secretary of State**

**Entity Name:** TOTAL MORTGAGE PROTECTION, LLC

**Current Principal Place of Business:**

6685 FOREST HILL BLVD.,  
SUITE 211  
WEST PALM BEACH, FL 33413

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 21874  
WEST PALM BEACH, FL 33416

**New Mailing Address:**

**FEI Number:** 20-3026626

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

WAYNE, JENKINS  
14745 MORGAN CLOSE  
WELLINGTON, FL 33414 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: WAYNE JENKINS

03/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: JENKINS, WAYNE  
Address: 6685 FOREST HILL BLVD., SUITE 211  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WAYNE JENKINS

MGMR

03/20/2009

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