

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085081

Entity Name: COMPLETE FLOOR CARE, L.L.C.

Current Principal Place of Business:

10390 SW 138 CT
MIAMI, FL 33186

Current Mailing Address:

PO BOX 960157
MIAMI, FL 33296

FEI Number: 20-5493799

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODRIGUEZ, WALTER
10390 SW 138 CT
MIAMI, FL 33186 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name RODRIGUEZ, WALTER
Address 10390 SW 138 CT
City-State-Zip: MIAMI FL 33186

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WALTER RODRIGUEZ

OWNER

01/16/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date