

**2013 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WALTER RODRIGUEZ

PRESIDENT

01/16/2013

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date