

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000007862

**Entity Name:** COMPLETE TECHNOLOGY SOLUTIONS GROUP, LLC

**Current Principal Place of Business:**

4519 WOODBINE ROAD  
PACE, FL 32571

**Current Mailing Address:**

4519 WOODBINE ROAD  
PACE, FL 32571 US

**FEI Number:** 26-4111232

**Certificate of Status Desired:** Yes

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

LAZIO, THOMAS  
4519 WOODBINE ROAD  
PACE, FL 32571 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	Title	MGRM
Name	LAZIO, THOMAS	Name	WHEAT, TIM
Address	4519 WOODBINE ROAD	Address	4519 WOODBINE ROAD
City-State-Zip:	PACE FL 32571	City-State-Zip:	PACE FL 32571

*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:** THOMAS LAZIO

**MANAGER**

**01/24/2013**

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

\_\_\_\_\_  
Date