

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000054245

Entity Name: COMPETITIVE EXPERIENCE SERVICES LLC.

Current Principal Place of Business:

WILLIAM R MCKENZIE
36 BEELER RD.
CRAWFORDVILLE, FL 32327

Current Mailing Address:

P.O. BOX 717
CRAWFORDVILLE, FL 32327

FEI Number: 47-3548795

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCKENZIE, WILLIAM R
36 BEELER RD.
CRAWFORDVILLE, FL 32327 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 MGR
Name MCKENZIE, WILLIAM R
Address 36 BEELER RD.
City-State-Zip: CRAWFORDVILLE FL 32327

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: WILLIAM R. MCKENZIE _____

MANAGING MEMBER

04/12/2016

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date