

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000188603

Entity Name: COMPLETE U, LLC

Current Principal Place of Business:

654 S LOOP PKWY
ST AUGUSTINE, FL 32095

Current Mailing Address:

654 S LOOP PKWY
ST AUGUSTINE, FL 32095 US

FEI Number: 81-5362581

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BICE, ED DR
654 S LOOP PKWY
ST AUGUSTINE, FL 32095 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 BICE, ED DR
Address 3528 KILGALLEN CT
City-State-Zip: ORMOND BEACH FL 32174

Title AMBR
Name BICE, ED DR
Address 3528 KILGALLEN CT
City-State-Zip: ORMOND BEACH FL 32174

Title MGR
Name PAICIA, MARIO
Address 5909 DAWN VISTA WAY
City-State-Zip: PARMA OH 44129

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: ED BICE

MANAGER MEMBER

03/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date