

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000126692

**Entity Name:** COMPLETE ALUMINUM FABRICATORS, LLC

**Current Principal Place of Business:**

2614 TAMIAMI TRAIL N #503  
NAPLES, FL 34103

**Current Mailing Address:**

2614 TAMIAMI TRAIL N #503  
NAPLES, FL 34103 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MCPHILLIPS, EMILY S  
2614 TAMIAMI TRAIL N #503  
NAPLES, FL 34103 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 MCPHILLIPS, EMILY S  
Address 2614 TAMIAMI TRAIL N #503  
City-State-Zip: NAPLES FL 34103

*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:** EMILY S MCPHILLIPS

MANAGING MEMBER

02/13/2023

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

\_\_\_\_\_ Date