

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000080698

**Entity Name:** COMPLETE PLUMBING SOLUTIONS LLC

**Current Principal Place of Business:**

5423 AVENUE F  
MCINTOSH, FL 32664

**Current Mailing Address:**

18545 NW 45TH AVE RD  
195  
CITRA, FL 32113 US

**FEI Number:** 82-5012774

**Certificate of Status Desired:** No

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

SHARPE, JOSHUA  
5423 AVENUE F  
MCINTOSH, FL 32664 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 SHARPE, JOSHUA  
Address 5423 AVENUE F  
City-State-Zip: MCINTOSH FL 32664

*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:** JOSHUA SHARPE

MANAGER

04/23/2019

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

\_\_\_\_\_  
Date