

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

134

DOCUMENT # L02000027309

1. Entity Name

COMPLETE TURBINE SERVICES, LLC

NE
4/28/03
R/L



9/15/2003-90096-008-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 29 PM 3:39

10/06

Principal Place of Business

1320 S. DIXIE HWY. STE 740
CORAL GABLES FL 33146

Mailing Address

3301 SW 13TH AVE
FT LAUDERDALE FL 33315

2. Principal Place of Business

3301 SW 13TH AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

4. FEI Number

83-0354620

Applied For

Not Applicable

Zip

33315

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

COLLINS, TARI
1721 SE NINTH ST.
FORT LAUDERDALE FL 33316

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
KONRAD WALTER
1301 NW 89TH TERRACE
PEMBROKE PINES, FL 33024

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
ANTHONY LAFORGIA
1301 ZAMBRANA ST.
CORAL GABLES, FL 33156

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
EDWARD COLLINS
1721 S.E. NINTH ST.
FT LAUDERDALE, FL 33316

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

TARI COLLINS REQUIRED

9/9/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)