

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90041 041 \*\*\*\*55.00

**DOCUMENT # L02000028198**

1. Entity Name  
**COMPLETE PROPERTY SERVICES LLC**



Principal Place of Business  
**410 NE 5 AVE  
BOYNTON BEACH FL 33435**

Mailing Address  
**410 NE 5 AVE  
BOYNTON BEACH FL 33435**

2. Principal Place of Business  
**4100 N. POWERLINE RD**

3. Mailing Address  
**4100 N. POWERLINE RD**

Suite, Apt. #, etc.  
**SUITE E2**

Suite, Apt. #, etc.  
**SUITE E2**

City & State  
**POMPANO BEACH, FL**

City & State  
**POMPANO BEACH, FL**

Zip  
**33073**

Country  
**USA**

Zip  
**33073**

Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**45-0502616**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**YONG, PAT  
410 NE 5 AVE  
BOYNTON BEACH FL 33435**

**7. Name and Address of New Registered Agent**

Name **PAT YONG**  
Street Address (P.O. Box Number is Not Acceptable)  
**4100 N. POWERLINE RD, SUITE E2**  
City **POMPANO BEACH, FL** Zip Code **33073**

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

(NOTE: Registered Agent signature required when reinstating)

2/24/03  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

*Signature* **SIGNATURE REQUIRED**

2/24/03

(954) 969-8118

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

Date

Daytime Phone #

CR2E083 (10/02)