

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034763

FILED
Apr 15, 2008
Secretary of State

Entity Name: COMPREHENSIVE BUSINESS SYSTEMS LLC

Current Principal Place of Business:

4101 RAVENSWOOD RD
SUITE 113
FT. LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

4101 RAVENSWOOD RD
SUITE 113
FT. LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 42-1576046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERLSTEIN, MITCHELL L
4800 N. FEDERAL HWY
SUITE 307-B
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COMPREHENSIVE BUSINE, SS SYSTEMS INC
Address: 4101 RAVENSWOOD RD #113
City-St-Zip: FT. LAUDERDALE, FL 33312 US

Title: MGR () Delete
Name: HILL, STUART B PRES
Address: 4101 RAVENSWOOD RD #113
City-St-Zip: FT. LAUDERDALE, FL 33312 US

Title: MGR () Delete
Name: SCHAUBEN, MARC A VP
Address: 4101 RAVENSWOOD RD #113
City-St-Zip: FT. LAUDERDALE, FL 33312 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: STUART B. HILL

PRES

04/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date