

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000051975

**FILED**  
**Oct 07, 2005**  
**Secretary of State**

**Entity Name:** COMPLETE PROTECTION, L.L.C.

**Current Principal Place of Business:**

7968 W. MISTFLOWER PLACE  
HOMOSASSA, FL 34448 US

**New Principal Place of Business:**

6920 W PERSHING DR.  
HOMOSASSA, FL 34448 US

**Current Mailing Address:**

P. O. 757  
HOMOSASSA SPRINGS, FL 34447 US

**New Mailing Address:**

**FEI Number:** 59-3239071      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KWIATKOWSKI, GUS F  
7968 W. MISTFLOWER PLACE  
HOMOSASSA, FL 34448 US

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

KWIATKOWSKI, GUS F  
6920 W PERSHING DR.  
HOMOSASSA, FL 34448 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: GUS F. KWIATKOWSKI

10/07/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KWIATKOWSKI, GUS F  
Address: 7968 W. MISTFLOWER PLACE  
City-St-Zip: HOMOSASSA, FL 34448 US

Title: MGRM ( ) Delete  
Name: SCALZI, TIMOTHY  
Address: 2055 N. CROFT AVE.  
City-St-Zip: INVERNESS, FL 34453 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KWIATKOWSKI, GUS F OWNER  
Address: 6920 W. PERSHING DR.  
City-St-Zip: HOMOSASSA, FL 34448 US

Title: MGRM (X) Change ( ) Addition  
Name: SCALZI, TIMOTHY OWNER  
Address: 2055 N. CROFT AVE.  
City-St-Zip: INVERNESS, FL 34453 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GUS F. KWIATKOWSKI

OWNE

10/07/2005

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