

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051975

FILED
Apr 12, 2009
Secretary of State

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

Current Principal Place of Business:

7933 W. HOMOSASSA TRAIL
HOMOSASSA, FL 34448 US

New Principal Place of Business:

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 (X)**

Name and Address of Current Registered Agent:

SCALZI, TIMOTHY MGRM
7933 W. HOMOSASSA TRAIL
HOMOSASSA, FL 34448 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: SCALZI, TIMOTHY OWNER
Address: 7933 W. HOMOSASSA TRAIL
City-St-Zip: HOMOSASSA, FL 34448 US

ADDITIONS/CHANGES:

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: TIMOTHY SCALZI

MGRM

04/12/2009

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