

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000051975

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

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7933 W. HOMOSASSA TRAIL  
HOMOSASSA, FL 34448 US

**New Principal Place of Business:**

8415 E. GOSPEL ISLAND RD.  
INVERNESS, FL 34450 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:**

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  
Name: SCALZI, TIMOTHY OWNER  
Address: 8415 E. GOSPEL ISLAND RD.  
City-St-Zip: INVERNESS, FL 34450 US

I hereby 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

02/17/2011

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