

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90042 045 ****50.00

DOCUMENT # L03000054391

1. Entity Name
COMPLETION CENTER OF FLORIDA, LLC



Principal Place of Business
1501 AIRWAY CIRCLE
BLDG. C
NEW SMYRNA BEACH, FL 32168

Mailing Address
1501 AIRWAY CIRCLE
BLDG. C
NEW SMYRNA BEACH, FL 32168



01062006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0792480

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAHM, JEFFREY A
1501 AIRWAY CIRCLE
BLDG. C
NEW SMYRNA BEACH, FL 32168

**DO NOT WRITE
IN THIS SPACE**

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 Jeffrey A. Rahm President
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04-28-06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGMR - CEO
NAME	Robert O. Carlson
STREET ADDRESS	3 Sunshine Blvd.
CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Linda Delgado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01-06-06 386-426-7795
Date Daytime Phone #