

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058229

Entity Name: COMPLETE IDENTITY LLC

FILED
Jan 05, 2005
Secretary of State

Current Principal Place of Business:

4613 N UNIVERSITY DRIVE
#224
CORAL SPRINGS, FL 33067 US

New Principal Place of Business:

Current Mailing Address:

4613 N UNIVERSITY DRIVE
#224
CORAL SPRINGS, FL 33067 US

New Mailing Address:

FEI Number: 20-1454718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGOLNICK, MICHAEL
4613 N UNIVERSITY DRIVE
#224
CORAL SPRINGS, FL 33067 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/MEMBERS:

Title: MGRM () Delete
Name: MAGOLNICK, MICHAEL
Address: 4613 N. UNIVERSITY DRIVE, #224
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: MGRM () Delete
Name: MORA, CRAIG
Address: 4613 N. UNIVERSITY DRIVE, #224
City-St-Zip: CORAL SPRINGS, FL 33067 US

ADDITIONS/CHANGES:

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 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: MICHAEL MAGOLNICK

MGRM

01/05/2005

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