

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018789

FILED
Apr 14, 2009
Secretary of State

Entity Name: COMPLETE MORTGAGE SOLUTIONS, LLC

Current Principal Place of Business:

2135 NW 40TH TERRACE
SUITE C
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

2135 NW 40TH TERRACE
SUITE C
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 20-2397298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREVATT, KATHY
2135 NW 40TH TERRACE
SUITE C
GAINESVILLE, FL 32605 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: MGR () Delete
Name: COMPLETELY ACCESSIBLE REAL ESTATE SOLUTION
Address: 2135 NW 40TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM () Delete
Name: MARTIN, GREGG L
Address: 4700 SW ARCHER ROAD #B-14
City-St-Zip: GAINESVILLE, FL 32608

Title: MGR () Delete
Name: PREVATT, KATHY
Address: 1145 NW 120TH WAY
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: GREGG L. MARTIN

MGR

04/14/2009

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