


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000073240</b> 1. Entity Name <b>COMPLETE LOW VOLTAGE SERVICES, LLC</b>	
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Principal Place of Business <b>1029 N FLORIDA MANGO RD # 14 WEST PALM BEACH, FL 33409</b>	Mailing Address <b>1029 N FLORIDA MANGO RD # 14 WEST PALM BEACH, FL 33409</b>
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**DO NOT WRITE IN THIS SPACE**



01042007No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-3232088</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>DUNBAR, EDWIN J 912 EVERGREEN DRIVE NORTH PALM BEACH, FL 33408</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR A LOW VOLTAGE SERVICES, INC. 18267 MURCOTT BLVD. LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COMPLETE ELECTRONIC SERVICES, INC. 912 EVERGREEN DRIVE NORTH PALM BEACH, FL 33408
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01/09/07-80033-012 50.00

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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>1/4/07</b> <small>Date</small>	<small>Daytime Phone #</small>
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