## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000073967

Entity Name: COMPLETE BUILDING SERVICES LLC

**FILED** Aug 31, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

668 104TH AVE. N 664 104TH AVE. N.

NAPLES, FL 34108 NAPLES, FL 34108 US US

**Current Mailing Address: New Mailing Address:** 

664 104TH AVE. N. 668 104TH AVE. N

NAPLES, FL 34108 US NAPLES, FL 34108 US

FFI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FINE, JEFFREY A FINE, JEFFREY A 668 104TH AVE. N 664 104TH AVE. N

NAPLES, FL 34108 US NAPLES, FL 34108 US

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: 08/31/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: (X) Change ( ) Addition () Delete

FINE, JEFFREY A FINE, JEFFREY A Name: Name: Address: 668 104TH AVE. N. Address: 664 104TH AVE. N. City-St-Zip: NAPLES, FL 34108 US City-St-Zip: NAPLES, FL 34108 US

Title: MGRM () Delete Title: () Change () Addition

Name: USCATU, IOAN Name: Address: 4011 RECREATION LANE Address: City-St-Zip: NAPLES, FL 34116 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: JEFFREY A FINE 08/31/2006