

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114061

FILED
May 02, 2007
Secretary of State

Entity Name: COMPLETE SERVICES, LLC

Current Principal Place of Business:

4835 SMITHFIELD RD.
MELBOURNE, FL 32934 US

New Principal Place of Business:

4825 SMITHFIELD RD.
MELBOURNE, FL 32934 US

Current Mailing Address:

4835 SMITHFIELD RD.
MELBOURNE, FL 32934 US

New Mailing Address:

4825 SMITHFIELD RD.
MELBOURNE, FL 32934 US

FEI Number: 74-3154321 FEI Number Applied For () 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:

RHODE, WILLIAM C
4835 SMITHFIELD RD
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

SCHNEIDER, MD, MSPH, SUSAN G
4825 SMITHFIELD RD
MELBOURNE, FL 32934 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: SUSAN G. SCHNEIDER

05/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RHODE, WILLIAM C
Address: 4835 SMITHFIELD RD.
City-St-Zip: MELBOURNE, FL 32934 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHNEIDER, MD, MSPH, SUSAN G
Address: 4825 SMITHFIELD RD.
City-St-Zip: MELBOURNE, FL 32934 US

Title: MGRM () Change (X) Addition
Name: RHODE, WIL C
Address: 4825 SMITHFIELD RD.
City-St-Zip: MELBOURNE, FL 32934

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: SUSAN G. SCHNEIDER, MD, MSPH

MGRM

05/02/2007

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