

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000120961

**Entity Name:** COMPLETED LEADS, L.L.C.

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

16413 LAKE LANE  
LUTZ, FL 33549

**New Principal Place of Business:**

9438 US HIGHWAY 19 N. #206  
PORT RICHEY, FL 34668

**Current Mailing Address:**

P.O. BOX 2708  
LUTZ, FL 33548

**New Mailing Address:**

9438 US HIGHWAY 19 N. #206  
PORT RICHEY, FL 34668

**FEI Number:** 16-1743595

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GRECO, FRANK J  
4047 HENDERSON BLVD.  
TAMPA, FL FL 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: FRANK J GRECO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SETREE, JASON S  
Address: 9438 US HIGHWAY 19 N. #206  
City-St-Zip: PORT RICHEY, FL 34668

I hereby 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: JASON S. SETREE

MGRM

04/19/2012

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