

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002846

**FILED**  
**Mar 15, 2007**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE SERVICES GROUP, LLC

**Current Principal Place of Business:**

4201 WESTGATE AVE.  
SUITE B15  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

810 8TH TERRACE  
PALM BEACH GARDENS, FL 33418 US

**Current Mailing Address:**

4201 WESTGATE AVE.  
SUITE B15  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

P.O. BOX 222013  
WEST PALM BEACH, FL 33422 US

**FEI Number:** 20-4192106

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRING, MELANIE A  
4201 WESTGATE AVE.  
SUITE B15  
WEST PALM BEACH, FL 33409 US

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

KRING, MELANIE A  
810 8TH TERRACE  
PALM BEACH GARDENS, FL 33418 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:

03/15/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KRING, MELANIE A  
Address: 4201 WESTGATE AVE. SUITE B15  
City-St-Zip: WEST PALM BEACH, FL 33409 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KRING, MELANIE A  
Address: 810 8TH TERRACE  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MELANIE KRING

MGRM

03/15/2007

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