## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000013912

Address:

2040 NW 40TH COURT #3

City-St-Zip: POMPANO BEACH, FL 33064

Entity Name: COMPLETE BUILDING MAINTENANCE CO., LLC

FILED Mar 05, 2009 Secretary of State

| Current Principal Place of Business:          |  |                                  | New Principal Place of Business:            |  |
|---|--|----------------------------------|---|--|
| 2040 NW -<br>SUITE 3<br>POMPANO               | 40TH CT<br>O BEACH, FL                               | 33064                            |   |  |
| Current Mailing Address:                      |  |                                  | New Mailing Address:                        |  |
|   | TERN AVE<br>D, IL 60146200                           | 5                                |   |  |
| FEI Number                                    | : 03-0580138   | FEI Number Applied For()         | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )      |
| Name and Address of Current Registered Agent: |  |                                  | Name and Address of New Registered Agent:   |  |
| 1200 S PIN                                    | ORATION SYS<br>NE ISLAND RE<br>ION, FL 33324         | )                                |   |  |
|   | e named entity<br>e of Florida.                      | submits this statement for the p | ourpose of changing its registere           | ed office or registered agent, or both |
| SIGNATUI                                      | RE:  |                                  |   |  |
|   | Electror   | nic Signature of Registered Age  | ent   | Date                                   |
| MANAGING MEMBERS/MANAGERS:                    |  |                                  | ADDITIONS/CHANGES:                          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | MGR (<br>SMITH, PAUL V<br>702 WESTERN<br>LOMBARD, IL | AVE                              | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                |
| Title:<br>Name:                               | P ( )<br>KINTZLER, BR                                | Delete<br>UCE W                  | Title:<br>Name:                             | ( ) Change ( ) Addition                |

Address:

City-St-Zip:

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: PAUL SMITH MGR 03/05/2009