

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000045294

FILED
Feb 04, 2009
Secretary of State

Entity Name: COMPLETE FIRE EQUIPMENT LLC

Current Principal Place of Business:

4405 GILPIN WAY
ORLANDO, FL 32812

New Principal Place of Business:

4405 GILPIN WAY
ORLANDO, FL 32812 US

Current Mailing Address:

4405 GILPIN WAY
ORLANDO, FL 32812

New Mailing Address:

4405 GILPIN WAY
ORLANDO, FL 32812 US

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

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD.
STE 101
TALLAHASSEE, FL 323012960 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VAUGHAN, ALBERT E
Address: 4405 GILPIN WAY
City-St-Zip: ORLANDO, FL 32812

Title: MGR (X) Delete
Name: SELLERS, MICHAEL L
Address: 4405 GILPIN WAY
City-St-Zip: ORLANDO, FL 32812

Title: MGR (X) Delete
Name: HUNTT, PHILLIP L
Address: 4405 GILPIN WAY
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: VAUGHAN, ALBERT E.
Address: 4405 GILPIN WAY
City-St-Zip: ORLANDO, FL 32812

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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: ALBERT E. VAUGHAN

MGRM

02/04/2009

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