2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000056405

1. Entity Name

IANTHE COMPLETE SOLUTIONS, LLC



Principal Place of Business

Mailing Address

19615 NW 31 AVENUE MIAMI, FL 33056

19615 NW 31 AVENUE MIAMI, FL 33056

FILED May 21, 2008 8:00 am Secretary of State

05-21-2008 90416 001 ***138.75 05-21-2008 90416 002 *****5.00



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

4. FEI Number 36-4609719

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

LACEY, ALIA E 19615 NW 31 AVENUE MIAMI, FL 33056

DO NOT WRITE IN THIS SPACE

		}		
8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE			Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	LACEY, ALIA E			
STREET ADDRESS	19615 NW 31 AVENUE			
CITY-ST-ZIP	MIAMI, FL 33056			
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NAME				
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CITY-ST-ZIP				

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Horida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

pril 8,2008

(305)621-4108

Daytime Phone #

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