

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90032 025 ***138.75

DOCUMENT # L07000070418

1. Entity Name

COMPREHENSIVE ENERGY SOLUTIONS, LLC



Principal Place of Business

**213 WHISPERING PINES DR.
TALLAHASSEE FL 32310**

Mailing Address

**213 WHISPERING PINES DR.
TALLAHASSEE FL 32310**



2. Principal Place of Business - No P.O. Box #

113 Progress Dr.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2457

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

Tallahassee Fla.

City & State

Tallahassee Florida

4. FEI Number

13-4362034

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

Zip

32304

Country

U.S.

Zip

32316

Country

U.S.

6. Name and Address of Current Registered Agent

**PARKS, ERIC D
213 WHISPERING PINES DR.
TALLAHASSEE FL 32310**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **PARKS, ERIC D**
STREET ADDRESS **213 WHISPERING PINES DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE **MGRM** ☐ Delete
NAME **CHASON, WESLEY**
STREET ADDRESS **165 AARON STRICKLAND RD.**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida 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: *Eric D. Parks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #