

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070418

FILED
May 01, 2009
Secretary of State

Entity Name: COMPREHENSIVE ENERGY SOLUTIONS, LLC

Current Principal Place of Business:

113 PROGRESS DR
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

PO BOX 2457
TALLAHASSEE, FL 32316

New Mailing Address:

FEI Number: 13-4362034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PARKS, ERIC D
113 PROGRESS DR.
TALLAHASSEE, FL 32304 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:

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PARKS, ERIC D
Address: 213 WHISPERING PINES DR.
City-St-Zip: TALLAHASSEE, FL 32310

Title: MGRM () Delete
Name: CHASON, WESLEY
Address: 165 AARON STRICKLAND RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PARKS, ERIC D
Address: 113 PROGRESS DR.
City-St-Zip: TALLAHASSEE, FL 32304

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: ERIC D. PARKS

MGRM

05/01/2009

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