

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123814

FILED
Jul 08, 2008
Secretary of State

Entity Name: COMPLETE BUSINESS INSURANCE, LLC

Current Principal Place of Business:

19118 NATURE PLAM LANE
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

19118 NATURE PLAM LANE
TAMPA, FL 33647

New Mailing Address:

FEI Number: 26-1715668 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:

SMITH, KEITH C ESQ
C/O TRINKLE, REDMAN, ET AL.
121 NORTH COLLINS STREET
PLANT CITY, FL 33564 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MS () Change (X) Addition
Name: TAMMINEEDI, PRAVEENA
Address: 19118 NATURE PALM LN
City-St-Zip: TAMPA, FL 33647

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: PRAVEENA TAMMINEEDI

MS

07/08/2008

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