

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000062724

**FILED
Nov 05, 2009
Secretary of State**

Entity Name: COMPLETE EXCELLENCE SERVICES LLC

Current Principal Place of Business:

12612 SW CR 346
ARCHER, FL 32618

New Principal Place of Business:

Current Mailing Address:

PO BOX 1272
NEWBERRY, FL 32669

New Mailing Address:

FEI Number: 26-2716993 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STRODE, BRIAN A
12612 SW CR 346
ARCHER, FL 32618 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: BRIAN A STRODE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STRODE, BRIAN A
Address: PO BOX 1272
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES:

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

Title: MGR () Delete
Name: WILLIAMS, JOSHUA M
Address: PO BOX 1272
City-St-Zip: NEWBERRY, FL 32669

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: JOSHUA M WILLIAMS

MRG

11/05/2009

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