

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000042617

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** A PLUS COMPLETE HOME SERVICES LLC

**Current Principal Place of Business:**

13433 HEALD LN  
#4A  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

6049 MILLER RD. NW  
OLYMPIA, WA 98502

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KIBLER, MICHAEL K  
2424 NOBEL AVE  
LEHIGH ACRES, FL 33973 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: MGR  
Name: KIBLER, KARIN M  
Address: 13433 HEALD LN  
City-St-Zip: FORT MYERS, FL 33908 US

Title: MGR  
Name: KIBLER, SCOTT R  
Address: 13433 HEALD LN  
City-St-Zip: FORT MYERS, FL 33908 US

I hereby 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: MICHAEL KIBLER

OWNE

01/04/2012

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