

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000076220

**FILED**  
**Jul 05, 2012**  
**Secretary of State**

**Entity Name:** COMPLETE CONTRACTING OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

3210 CLEOPATRA COURT  
SAINT CLOUD, FL 34771 US

**New Principal Place of Business:**

**Current Mailing Address:**

3210 CLEOPATRA COURT  
SAINT CLOUD, FL 34771 US

**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:**

DELEONARDO, ANTHONY  
3210 CLEOPATRA COURT  
SAINT CLOUD, FL 34771 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: ANTHONY DELEONARDO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DELEONARDO, ANTHONY  
Address: 3210 CLEOPATRA COURT  
City-St-Zip: SAINT CLOUD, FL 34771 US

Title: MGRM  
Name: DELEONARDO, ROBERT  
Address: 3210 CLEOPATRA COURT  
City-St-Zip: SAINT CLOUD, FL 34771 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: ANTHONY DELEONARDO

MGRM

07/05/2012

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