

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000081478

Entity Name: COMPLETE PAY, LLC

FILED
Apr 29, 2011
Secretary of State

Current Principal Place of Business:

1782 BOLTON ABBEY DR
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

14951 WALDEN SPRINGS WAY
322
JACKSONVILLE, FL 32258 US

Current Mailing Address:

1782 BOLTON ABBEY DR
JACKSONVILLE, FL 32223 US

New Mailing Address:

14951 WALDEN SPRINGS WAY
322
JACKSONVILLE, FL 32258 US

FEI Number: 27-0788919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEUBERGER, HOLLY A
1782 BOLTON ABBEY DR
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

NEUBERGER, HOLLY A
14951 WALDEN SPRINGS WAY
322
JACKSONVILLE, FL 32258 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: HOLLY NEUBERGER

04/29/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: NEUBERGER, HOLLY A
Address: 1782 BOLTON ABBEY DR
City-St-Zip: JACKSONVILLE, FL 32223 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: HOLLY NEUBERGER

OWNE

04/29/2011

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