

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000078505

**FILED**  
**Nov 20, 2011**  
**Secretary of State**

**Entity Name:** COMPLETE CAMPAIGN LLC

**Current Principal Place of Business:**

505 LANCASTER STREET  
# 10A  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

2472 DENNIS STREET  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

505 LANCASTER STREET  
# 10A  
JACKSONVILLE, FL 32204

**New Mailing Address:**

2472 DENNIS STREET  
JACKSONVILLE, FL 32204

**FEI Number:** 27-3120949

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FALCONETTI, JOHN  
505 LANCASTER STREET  
# 10A  
JACKSONVILLE, FL 32204 US

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

FALCONETTI, JOHN  
2472 DENNIS STREET  
JACKSONVILLE, FL 32204 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: JOHN FALCONETTI

11/20/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FALCONETTI, JOHN  
Address: 2472 DENNIS STREET  
City-St-Zip: JACKSONVILLE, FL 32204

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: JOHN FALCONETTI

MGRM

11/20/2011

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