

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000092204

**FILED**  
**Dec 08, 2011**  
**Secretary of State**

**Entity Name:** COMPLETE DATA SOLUTIONS, LLC

**Current Principal Place of Business:**

12904 DARBY RIDGE DR.  
TAMPA, FL 33624 US

**New Principal Place of Business:**

**Current Mailing Address:**

12904 DARBY RIDGE DR.  
TAMPA, FL 33624 US

**New Mailing Address:**

PO BOX 272759  
TAMPA, FL 33688 US

**FEI Number:** 27-3373468

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VU, TRACEY H  
12904 DARBY RIDGE DR.  
TAMPA, FL 33624 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: TRACEY VU

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VU, TRACEY H  
Address: 12904 DARBY RIDGE DR.  
City-St-Zip: TAMPA, FL 33624 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: TRACEY VU

MGRM

12/08/2011

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