

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000094753

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** BONDS COMPLETE COMMUNICATIONS LLC

**Current Principal Place of Business:**

12249 SE US HWY 441  
BELLEVIEW, FL 34420

**New Principal Place of Business:**

**Current Mailing Address:**

7655 S MAGNOLIA AVE  
OCALA, FL 34476

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BONDS, DEWAYNE  
7655 S MAGNOLIA AVE  
OCALA, FL 34476 US

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

GREENE, ROBERT C  
2838 SE 37TH STREET  
OCALA, FL 34471 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: ROBERT C GREENE

04/21/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BONDS, DEWAYNE  
Address: 7655 S MAGNOLIA AVE  
City-St-Zip: Ocala, FL 34476

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: DEWAYNE BONDS

MGRM

04/21/2011

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