M07 000000512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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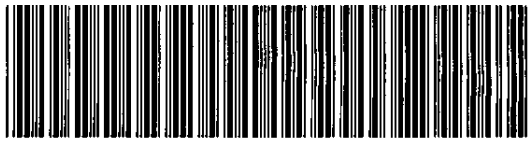

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMPLETE SERVICES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M07000000512

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Josie Sorensen
Name of Person

Incorp Services, Inc.
Name of Firm/Company

2360 Corporate Circle, Suite 400
Address

Henderson, NV 89074-7722
City/State and Zip Code

processing@incorp.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Josie Sorensen for Incorp Services, Inc. at (702) 866-2500 ext. 6508
Name of Person — Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for $85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Incorp Services, Inc. , hereby resigns as
Name of Registered Agent

Registered Agent for COMPLETE SERVICES, LLC

,
Name of Limited Liability Company

M07000000512
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

Josie A. Sorensen for Incorp Services, Inc.
Typed or Printed Name

Authorized Representative
Capacity

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:
$ 85.00 Active limited liability company
$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (08/05)