I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and
that my name appears above, or on an attachment with all other like empowered.

MGRM

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oa	th; that I am a	managing member	or man	ager	of ti	he li	mite	əd

I

0 ť SIGNATURE: THOMAS LAZIO

# 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.

### Auth

Title	MGRM	Title	MGRM
Name	LAZIO, THOMAS	Name	WHEAT, TIM
Address	4519 WOODBINE ROAD	Address	4519 WOODBINE ROAD
City-State-Zip:	PACE FL 32571	City-State-Zip:	PACE FL 32571

SIGNATURE: Electronic Signature of Registered Agent

## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L0900007862

## Entity Name: COMPLETE TECHNOLOGY SOLUTIONS GROUP, LLC

## **Current Principal Place of Business:**

4519 WOODBINE ROAD PACE, FL 32571

#### **Current Mailing Address:**

4519 WOODBINE ROAD PACE. FL 32571 US

#### FEI Number: 26-4111232

### Name and Address of Current Registered Agent:

LAZIO, THOMAS 4519 WOODBINE ROAD PACE, FL 32571 US

horized Person(s) Detail :								
	MGRM	Title	MGRM					
ne	LAZIO, THOMAS	Name	WHEAT, TIM					
ress	4519 WOODBINE ROAD	Address	4519 WOODBINE ROAD					

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 21, 2014 Secretary of State CC0074442683

Certificate of Status Desired: No

Date

04/21/2014

Date