## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000090309

Entity Name: COMPLETE POWER SYSTEMS "LLC"

**Current Principal Place of Business:** 

230 N. ESPLANADE DRIVE MIAMI SPRINGS, FL 33166

**Current Mailing Address:** 

230 N. ESPLANADE DRIVE MIAMI SPRINGS, FL 33166

FEI Number: 27-0986831 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASHFORD, MICHAEL P 230 N. ESPLANADE DRIVE MIAMI SPRINGS, FL 33166 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:

Electronic Signature of Registered Agent

Date

FILED Jan 07, 2015

**Secretary of State** 

CC5008501334

Authorized Person(s) Detail:

Title MGRM Title MGRM

Name ASHFORD, MICHAEL P Name DAVIS, GLENN

Address 230 N. ESPLANADE DRIVE Address 10832 SW 132 CIRCLE CT

City-State-Zip: MIAMI SPRINGS FL 33166 City-State-Zip: MIAMI FL 33186

Title MANAGING MEMBER
Name JUBERT, LOWE

Address 230 N. ESPLANADE DRIVE City-State-Zip: MIAMI SPRINGS FL 33166

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.

SIGNATURE: MICHAEL ASHFORD

MANAGING MEMBER

01/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date