

**2014 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

**Authorized Person(s) Detail :**

Title MGRM  
Name ASHFORD, MICHAEL P  
Address 230 N. ESPLANADE DRIVE  
City-State-Zip: MIAMI SPRINGS FL 33166

Title MGRM  
Name DAVIS, GLENN  
Address 10832 SW 132 CIRCLE CT  
City-State-Zip: MIAMI FL 33186

*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 P. ASHFORD

**MANAGING MEMBER**

**02/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date