

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000074853

Entity Name: COMPLETE MOBILE HOME SERVICES LLC

Current Principal Place of Business:

31610 US HWY 27
HAINES CITY, FL 33844

Current Mailing Address:

31610 US HWY 27
HAINES CITY, FL 33844 US

FEI Number: 45-5445552

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DESROCHERS, CHRISTOPHER A
2504 AVE G NW
WINTER HAVEN, FL 33880 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 MANAGER
Name SHERRARD, CHARLES W
Address 31610 US HWY 27
City-State-Zip: HAINES CITY FL 33844

Title MANAGER
Name RODRIGUEZ, GILBERT
Address 31610 US HWY 27
City-State-Zip: HAINES CITY FL 33844

Title MANAGER
Name SHOCKLEY, JENNIFER
Address 31610 US HWY 27
City-State-Zip: HAINES CITY FL 33844

Title MANAGER
Name SHERRARD, DONNA
Address 31610 US HWY 27
City-State-Zip: HAINES CITY FL 33844

Title MANAGER
Name SHERRARD, CHARLES B
Address 31610 US HWY 27
City-State-Zip: HAINES CITY FL 33844

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: CHARLES W SHERRARD

MANAGER

01/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date