

**2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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           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

04/09/2014

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

\_\_\_\_\_ Date