

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000000909

**Entity Name:** KOMplete SOLUTIONS, LLC

**Current Principal Place of Business:**

25417 HUTCHESON LN.  
SORRENTO, FL 32776

**Current Mailing Address:**

25417 HUTCHESON LN  
SORRENTO, FL 32776 US

**FEI Number:** 46-1659172

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAFFERTY, KARINA D  
25417 HUTCHESON LN.  
SORRENTO, FL 32776 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:** KARINA LAFFERTY

05/15/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LAFFERTY, KARINA D  
Address 25417 HUTCHESON LN.  
City-State-Zip: SORRENTO FL 32776

*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:** KARINA DEL VALLE LAFFERTY

OWNER

05/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date