

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000189643

**Entity Name:** COMPLETE AIR SOLUTIONS LLC

**Current Principal Place of Business:**

1655 E SEMORAN BLVD SUITE 11  
APOPKA, FL 32703

**Current Mailing Address:**

1655 E SEMORAN BLVD SUITE 11  
APOPKA, FL 32703 US

**FEI Number:** 47-2529138

**Certificate of Status Desired:** No

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

RIVERA, ANTONIO  
1655 E SEMORAN BLVD SUITE 11  
APOPKA, FL 32703 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	OWNER	Title	AUTHORIZED MEMBER
Name	RIVERA, ANTONIO	Name	AVILES-RIVERA, JACKLYN
Address	1655 E SEMORAN BLVD SUITE 11	Address	1655 E SEMORAN BLVD SUITE 11
City-State-Zip:	APOPKA FL 32703	City-State-Zip:	APOPKA FL 32703

*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:** ANTONIO RIVERA

OWNER

03/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date