

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000087925

**Entity Name:** COMPLETE CUSTOMER SATISFACTION CONSULTING LLC

**Current Principal Place of Business:**

1193 SE PORT ST. LUCIE BLVD  
SUITE #292  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

1193 SE PORT ST. LUCIE BLVD  
SUITE #292  
PORT ST. LUCIE, FL 34952 US

**FEI Number:** 86-2381575

**Certificate of Status Desired:** No

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

SCHULTZ, JOHN  
1193 SE PORT ST. LUCIE BLVD  
SUITE #292  
PORT ST. LUCIE, FL 34952 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            AMBR  
Name            SCHULTZ, JOHN  
Address        1193 SE PORT ST. LUCIE, SUITE #292  
  
City-State-Zip: PORT ST. LUCIE FL 34952

*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:** JOHN SCHULTZ

**OWNER**

**04/10/2023**

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

\_\_\_\_\_  
Date