

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011727

Entity Name: SCAN SECURITY, L.C.

FILED  
Apr 08, 2008  
Secretary of State

**Current Principal Place of Business:**

2575 NW 49 STREET  
BOCA RATON, FL 334342528

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 812433  
BOCA RATON, FL 334812433

**New Mailing Address:**

FEI Number: 54-2114858

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SORENSEN, PETER H  
2575 N.W. 49TH STREET  
BOCA RATON, FL 334342558 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SORENSEN, PETER H  
Address: 2575 N.W. 49TH STREET  
City-St-Zip: BOCA RATON, FL 33434

Title: MGR ( ) Delete  
Name: SORENSEN, MICHAEL E  
Address: 2575 N.W. 49TH STREET  
City-St-Zip: BOCA RATON, FL 33434

Title: MGR ( ) Delete  
Name: SORENSEN, ANDREA E  
Address: 2575 N.W. 49TH STREET  
City-St-Zip: BOCA RATON, FL 33434

Title: MGR ( ) Delete  
Name: SORENSEN, GEORGINA  
Address: 2575 N.W. 49TH STREET  
City-St-Zip: BOCA RATON, FL 33434

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: PETER SORENSEN

M

04/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date