


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90266 031 \*\*\*143.75

**DOCUMENT # L03000045428**

1. Entity Name  
**ALL-SAFE SECURITY"LLC"**



Principal Place of Business  
**9530 S W 32ND CT  
 OCALA, FL 34476**

Mailing Address  
**9530 S W 32ND CT  
 OCALA, FL 34476**

2. Principal Place of Business - No P.O. Box #  
**25001 N.E. 135<sup>th</sup> ST.**

3. Mailing Address  
**25001 N.E. 135<sup>th</sup> ST.**

Suite, Apt. #, etc.

City & State  
**SALT SPRINGS FL**

City & State  
**SALT SPRINGS FL**


Zip  
**32134**

Country  
**MARION**

Zip  
**32134**

Country  
**MARION**

**60015440**



01052008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**04-3633595**

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CROCKER, ROBERT A  
 9530 S W 32ND CT  
 OCALA, FL 34476**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**25001 N E 135<sup>th</sup> ST.**

City **SALT SPRINGS** State **FL** Zip Code **32134**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Robert A. Crocker* **ROBERT A. CROCKER** DATE: **3-14-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROCKER, RACHEL R 9530 SW 32ND CT OCALA, FL 34476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROCKER RACHEL R. 25001 N.E 135TH ST. SALT SPRINGS FL 32134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Rachel R. Crocker* **RACHEL R. CROCKER** DATE: **3-14-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE