

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 20, 2009  
Secretary of State**

DOCUMENT# L08000011801

Entity Name: SPECIAL AGENT INVESTIGATIONS AND SECURITY, LLC

**Current Principal Place of Business:**

8428 NORTHWEST 47 DRIVE  
C/O PATRICIA D'ORSA  
CORAL SPRINGS, FL 33067 US

**New Principal Place of Business:**

**Current Mailing Address:**

8428 NORTHWEST 47 DRIVE  
C/O PATRICIA D'ORSA  
CORAL SPRINGS, FL 33067 US

**New Mailing Address:**

FEI Number: 77-0719674      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

D'ORSA, PATRICIA E  
8428 NORTHWEST 47 DRIVE  
CORAL SPRINGS, FL 33067 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: MGR ( ) Delete  
Name: D'ORSA, PATRICIA E  
Address: 8428 NORTHWEST 47 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067 US

**ADDITIONS/CHANGES:**

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: PATRICIA E. D'ORSA      MGR.      04/20/2009

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