

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000041526

FILED  
May 15, 2009  
Secretary of State

Entity Name: WISE CHOICE SECURITY LLC

**Current Principal Place of Business:**

3205 SOUTH SCIENIC HWY  
LAKE WALES, FL 33898

**New Principal Place of Business:**

3205 SOUTH SCENIC HWY  
LAKE WALES, FL 33898

**Current Mailing Address:**

3205 SOUTH SCIENIC HWY  
LAKE WALES, FL 33898

**New Mailing Address:**

3205 SOUTH SCENIC HWY  
LAKE WALES, FL 33898

FEI Number: 33-1213981      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SHAKES, LEROY  
3205 SOUTH SCIENIC HWY  
LAKE WALES, FL 33898    US

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

SHAKES, LEROY  
3205 SOUTH SCENIC HWY  
LAKE WALES, FL 33898    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: LEROY SHAKES

05/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SHAKES, LEORY  
Address: 3205 SOUTH SCIENIC HWY  
City-St-Zip: LAKE WALES, FL 33898

Title: MGRM ( ) Delete  
Name: SHAKES, MOVELETTE  
Address: 3205 SOUTH SCIENIC HWY  
City-St-Zip: LAKE WALES, FL 33898

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SHAKES, LEROY  
Address: 3205 SOUTH SCENIC HWY  
City-St-Zip: LAKE WALES, FL 33898

Title: MGRM (X) Change ( ) Addition  
Name: SHAKES, MOVELETTE  
Address: 3205 SOUTH SCENIC HWY  
City-St-Zip: LAKE WALES, FL 33898

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: LEROY SHAKES

MGR

05/15/2009

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