

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041888

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: ASAP SURVEILLANCE, LLC

**Current Principal Place of Business:**

1655 E. SEMORAN BLVD  
SUITE 39  
APOPKA, FL 32703

**New Principal Place of Business:**

660 EXECUTIVE PARK CT  
SUITE 1200  
APOPKA, FL 32703

**Current Mailing Address:**

1655 E. SEMORAN BLVD., #39  
APOPKA, FL 32703

**New Mailing Address:**

660 EXECUTIVE PARK CT  
SUITE 1200  
APOPKA, FL 32703

FEI Number: 20-2812845

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARMSTRONG, ALEX D  
1655 E. SEMORAN BLVD., #39  
APOPKA, FL 32703 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: SUTLEY, ROBERT O  
Address: 1655 E. SEMORAN BLVD., #39  
City-St-Zip: APOPKA, FL 32703

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: ARMSTRONG, ALEX  
Address: 660 EXECUTVE OARK CT #1200  
City-St-Zip: APOPKA, FL 32703

Title: VP ( ) Change (X) Addition  
Name: ARMSTRONG, LINDA  
Address: 660 EXECUTIVE PARK CT #1200  
City-St-Zip: APOPKA, FL 32703

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: ALEX D ARMSTRONG

P

03/09/2009

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