

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Aug 04, 2009  
Secretary of State**

DOCUMENT# L05000041888

Entity Name: ASAP SURVEILLANCE, LLC

**Current Principal Place of Business:**

660 EXECUTIVE PARK CT  
SUITE 1200  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

660 EXECUTIVE PARK CT  
SUITE 1200  
APOPKA, FL 32703

**New Mailing Address:**

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

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

**ADDITIONS/CHANGES:**

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: ALEX ARMSTRONG      PRES      08/04/2009

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