

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000105796

**Entity Name:** ALARM FIRE SURVEILLANCE INTEGRATORS, LLC

**Current Principal Place of Business:**

499 CAPITAL CIRCLE SW  
#3  
TALLAHASSEE, FL 32304

**Current Mailing Address:**

P.O.BOX 337  
CRAWFORDVILLE, FL 32326

**FEI Number:** 26-3708341

**Certificate of Status Desired:** Yes

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

DUNCAN, JOSEPH  
499 CAPITAL CIRCLE SW  
#3  
TALLAHASSEE, FL 32304 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name DUNCAN, JOSEPH W  
Address P.O.BOX 337  
City-State-Zip: CRAWFORDVILLE FL 32326

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEPH DUNCAN

**MANAGER**

**02/04/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date