

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90077 020 ****50.00

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1. Entity Name
ABSOLUTE SECURITY: LOCK, SAFE, AND KEY, L.C.



Principal Place of Business
**1402 KUMQUAT LN
JACKSONVILLE, FL 32259**

Mailing Address
**1402 KUMQUAT LN
JACKSONVILLE, FL 32259**

24008081



01092004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3656022

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATKINS, WARREN E
1402 KUMQUAT LN
JACKSONVILLE, FL 32259
5923 Jaguar Dr. W.
32244-1315

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WATKINS, WARREN E
1402 KUMQUAT LN
JACKSONVILLE, FL 32259

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WATKINS, RAY G III
1402 KUMQUAT LN
JACKSONVILLE, FL 32259

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WATKINS, RAY G JR.
1402 KUMQUAT LN
JACKSONVILLE, FL 32259

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-20-04 9043875625

Date

Daytime Phone #