

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000009540

**FILED**  
**Feb 02, 2004**  
**Secretary of State**

**Entity Name:** COMPLETE SAFETY SYSTEMS, L.L.C.

**Current Principal Place of Business:**

4350 SLASH PINE LANE  
TALLAHASSEE, FL 323058380

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7529  
TALLAHASSEE, FL 323147529

**New Mailing Address:**

**FEI Number:** 59-3666974

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BREWSTER, JAMES R  
547 N. MONROE STREET, SUITE 203  
TALLAHASSEE, FL 32301 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: WYATT, ALBERT L JR.  
Address: 4350 SLASH PINE LANE  
City-St-Zip: TALLAHASSEE, FL 323058380

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALBERT L WYATT JR

MGRM

02/02/2004

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