2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2007
Secretary of State

DOCUMENT# L00000009540

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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/MANAGERS:

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

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

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: LINDER-WYATT, SUSAN A
Address: 4350 SLASH PINE LANE
City-St-Zip: TALLAHASSEE, FL 323058380

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: ALBERT L. WYATT JR. MGRM 07/09/2007

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