

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

04-02-2002 90964 028 ****50.00

DOCUMENT # L01000001844

1. Entity Name

CERTIFIED SECURITY SYSTEMS OF TALLAHASSEE, L.L.C

Principal Place of Business

4987 GLEN CASTLE DR.
TALLAHASSEE FL 32308

Mailing Address

4987 GLEN CASTLE DR.
TALLAHASSEE FL 32308

2. Principal Place of Business

656-E Capital Cir Dr NE
Suite, Apt. #, etc.

3. Mailing Address

9456 Phillips, HWY SE 7
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Jacksonville, FL

4. FEI Number

59-3609917

Applied For

Not Applicable

Zip

32301

Country

Zip

32256

Country

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

HASSAN, JOE
 9456 PHILIPS HWY., STE. 7
 JACKSONVILLE FL 32258

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR CERTIFIED SECURITY SYSTEMS, LLC 9456 PHILIPS HWY., STE. 7 JACKSONVILLE FL 32258	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Sharon Johns

3/14/02

904-268-9454

Date

Daytime Phone #

CR2083 (9/01)