2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 24 AM 9:14

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DOCUMENT # L01000001844

1. Entity Name
CERTIFIED SECURITY SYSTEMS OF TALLAHASSEE, L.L.C.

Principal Place of Business
656-E CAPITAL CIR DR NE
TALLAHASSEE, FL 32301

Mailing Address
9456 PHILLIPS HWY ST 7
JACKSONVILLE, FL 32256

01092006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3693361 — Applied For / Not Applicable

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 32256

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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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CERTIFIED SECURITY SYSTEMS, LLC
STREET ADDRESS	9456 PHILIPS HWY., STE. 7
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 1-12-06 904 680 3728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #