

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2008 08:00 AM
Secretary of State

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
**10365 HOOD RD. S. #209
JACKSONVILLE, FL 32257**

DO NOT WRITE IN THIS SPACE



01232008 No Chg-LLC

CR2E083 (12/07)

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**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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U000000804466
02/05/08-80070-014 138.75

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IN THIS SPACE**

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: _____

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

1/23/08

Date

904-680-3728

Daytime Phone #