

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017114

Entity Name: LEINDECKER SECURITY, LLC

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

6835 NARCOOSSEE ROAD
22
ORLANDO, FL 32822 US

New Principal Place of Business:

Current Mailing Address:

6835 NARCOOSSEE ROAD
22
ORLANDO, FL 32822 US

New Mailing Address:

FEI Number: 04-3677692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEINDECKER, PAGE A
545 GARFIELD AVE
303
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

LEINDECKER, PAGE A
19705 SEAVIEW STREET
ORLANDO, FL 32833 US

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:

04/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEINDECKER, PAGE A
Address: 545 GARFIELD AVE #303
City-St-Zip: COCOA BEACH, FL 32931 US

Title: MGRM () Delete
Name: LEINDECKER, THOMAS G
Address: 545 GARFIELD AVE #303
City-St-Zip: COCOA BEACH, FL 32931 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEINDECKER, PAGE A
Address: 19705 SEAVIEW ST
City-St-Zip: ORLANDO, FL 32833 US

Title: MGRM (X) Change () Addition
Name: LEINDECKER, THOMAS G
Address: 19705 SEAVIEW ST
City-St-Zip: ORLANDO, FL 32833 US

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: PAGE LEINDECKER

MGRM

04/26/2007

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