

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001555

FILED
Apr 14, 2008
Secretary of State

Entity Name: NORTH FLORIDA TRAINING AND SECURITY ASSOCIATES, LLC

Current Principal Place of Business:

13917 SOUND OVERLOOK DRIVE NORTH
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

13917 SOUND OVERLOOK DRIVE NORTH
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 51-0493109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, THOMAS E
13917 SOUND OVERLOOK DRIVE NORTH
JACKSONVILLE, FL 32224 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: BROWN, THOMAS E
Address: 13917 SOUND OVERLOOK DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: MGRM () Delete
Name: ORLANDO, LOUIS E
Address: 13972 SEA PRAIRIE LANE
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: MGRM () Delete
Name: WIRTH, RONALD L
Address: 581 MARSH HEN LANE
City-St-Zip: FERNANDINA, FL 32034 US

Title: MGRM () Delete
Name: MOORE, ROCKY
Address: 10313 MARBLE EGRET DRIVE
City-St-Zip: JACKSONVILLE, FL 32257 US

ADDITIONS/CHANGES:

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

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

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

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

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: THOMAS E BROWN

PRES

04/14/2008

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