2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State
04-28-2004 90063 013 ****50.00

34005572

MOORE CR2E083 (11/03)

DOCUMENT # L03000036600

1. Entity Name
PERSONAL PROTECTION SYSTEMS "LLC"

Principal Place of Business	Mailing Address
5312 VENTURA DR ZEPHYRHILLS FL 33541	5312 VENTURA DR ZEPHYRHILLS FL 33541

2. Principal Place of Business		3. Mailing Address	
5312 Ventura dr		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Zephyrhills, Fl.		City & State	
Zip: 33541	Country: Pasco	Zip	Country

4. FEI Number ☐ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent

THORNTON, DARYL M
5312 VENTURA DR
ZEPHYRHILLS FL 33541

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Daryl M. Thornton 4-16-04
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 Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	President	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Daryl M. Thornton		NAME		
STREET ADDRESS	5312 Ventura dr		STREET ADDRESS		
CITY-ST-ZIP	Zephyrhills, Fl. 33541		CITY-ST-ZIP		
TITLE	Vice President	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DeKavin M. Thornton		NAME		
STREET ADDRESS	2380 A. Ave		STREET ADDRESS		
CITY-ST-ZIP	Marion, IA. 52302		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Daryl M. Thornton 4-16-04 813-713-6295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #