# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Aug 10, 2005 8:00 am**
**Secretary of State**
08-10-2005 90047 027 ****50.00

DOCUMENT # L03000040573

1. Entity Name
RDR SURVEILLANCE SYSTEMS LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 2261 SW SALMON RD<br>PORT ST LUCIE, FL 34953 | 2261 SW SALMON RD<br>PORT ST LUCIE, FL 34953 |

08082005 Chg-LLC CR2E083 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 919 SE Bywood AVE | 919 SE Bywood AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: PORT ST LUCIE FLA | City & State: PORT ST LUCIE FLA |
| Zip: 34983 Country: USA | Zip: 34983 Country: USA |

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CORVINO, RALPH<br>2261 SW SALMON RD<br>PORT ST LUCIE, FL 34953 | Name: RALPH CORVINO<br>Street Address (P.O. Box Number is Not Acceptable): 919 SE BYWOOD AVE<br>City: PORT ST LUCIE FL Zip Code: 34983 |

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: RALPH CORVINO MGR DATE: 8-8-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by September 7, 2005**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>CORVINO, RALPH<br>2261 SW SALMON RD<br>PORT ST LUCIE, FL 34953 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>RALPH CORVINO<br>919 SE Bywood AVE<br>PORT ST LUCIE FLA 34983 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>CORVINO, ROY<br>2261 SW SALMON RD<br>PORT ST LUCIE, FL 34953 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>ROY CORVINO<br>919 SE Bywood AVE<br>PORT ST LUCIE FLA 34983 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>SPAIDE, RYAN<br>2402 SW DALPINA RD.<br>PORT ST. LUCIE, FL 34953 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>PALUMBO, DOMINIC<br>1985 SW NOTRE DAME RD.<br>PORT ST. LUCIE, FL 34953 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** RALPH CORVINO 8-8-05 772-201-6571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #