2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 27, 2004 8:00 am
Secretary of State
08-02-2004 90117 021 ****55.00

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MOORE CR2E083 (4/04)

DOCUMENT # L03000042262

1. Entity Name

NATIONAL ASSOCIATION OF GOVERNMENT INFORMATION SECURITY PROFESSIONALS, LLC

Principal Place of Business	Mailing Address
5048 CERROMAR DRIVE NAPLES FL 34112	5048 CERROMAR DRIVE NAPLES FL 34112

2. Principal Place of Business		3. Mailing Address	
5048 CERROMAR DR.		5048 CERROMAR DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Naples, FL 34112		City & State: Naples, FL	
Zip: 34112	Country: USA	Zip: 34112	Country: USA

4. FEI Number: 65-1208361 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~KEELEY, PETER L ESQ.~~
5551 RIDGEWOOD DRIVE
SUITE 501
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name: DR. JAMES B. HANSEN

Street Address (P.O. Box Number is Not Acceptable): 5048 CERROMAR DR.

City: NAPLES, FL FL Zip Code: 34112

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] Aug. 20, 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 September 8, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STEELE, DOUGLAS S		NAME		
STREET ADDRESS	12550 VILLAGIO WAY		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33912		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: DR. James B Hansen July 30, 04 618-407-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #