

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000053493

1. Entity Name
ASSURANCE SECURITY, LLC



Principal Place of Business

P.O. BOX 10602
TAMPA, FL 33679

Mailing Address

P.O. BOX 10602
TAMPA, FL 33679

FILED
Feb 08, 2005 08:00 AM
Secretary of State



01192005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0482800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, HUGH K
3615 WATROUS AVENUE
TAMPA, FL 33629

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

UD00000220357
-02/08/05-80064-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
JONES, HUGH K
3615 WATROUS AVENUE
TAMPA, FL 33629

TITLE
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CITY- ST- ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-1-05 (813) 251-1922