

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001375

FILED
Jan 13, 2005
Secretary of State

Entity Name: EMERGENCY SERVICE SOLUTIONS, LLC

Current Principal Place of Business:

543 CROWN SUNSET DR, APT. 1214
ORMOND BEACH, FL 32174

New Principal Place of Business:

1429 KILRUSH DRIVE
ORMOND BEACH, FL 32174

Current Mailing Address:

P.O. BOX 731835
ORMOND BEACH, FL 32173

New Mailing Address:

1429 KILRUSH DRIVE
ORMOND BEACH, FL 32174

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, PATRICK T
543 CROWN SUNSET DR, APT. 1214
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

KELLY, PATRICK T
1429 KILRUSH DRIVE
ORMOND BEACH, FL 32174 US

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: PATRICK T. KELLY

01/13/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: KELLY, PATRICK T
Address: 1429 KILRUSH DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICK T. KELLY

MR

01/13/2005

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