

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000002171

1. Entity Name
CERTIFIED SECURITY SERVICES, LLC



Principal Place of Business
**9456 PHILLIPS HWY, STE 7
JACKSONVILLE, FL 32256**

Mailing Address
**9456 PHILLIPS HWY, STE 7
JACKSONVILLE, FL 32256**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 24 AM 9:14

DO NOT WRITE IN THIS SPACE

01092006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0693899

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STONEBURNER, GRESHAM R
841 PRUDENTIAL DR, STE 1400
JACKSONVILLE, FL 32207**

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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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MCRM
HASSAN, JOE
9456 PHILIPS HWY, # 7
JACKSONVILLE, FL 32256**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MCRM
SHERIDAN, JOHN
2700 W CYPRESS CREEK RD -C100
FORT LAUDERDALE, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1-12-06

904 680 3728

Date

Daytime Phone #