## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L04000002171

**Current Principal Place of Business:** 

0.450 DUULUDO UNANA OTE 7

Entity Name: CERTIFIED SECURITY SERVICES, LLC

FILED Oct 05, 2007 Secretary of State

JACKSONVILLE, FL 32256		
Current Mailing Address:	New Mailing Address:	
9456 PHILLIPS HWY, STE 7 JACKSONVILLE, FL 32256	10365 HOOD RD. S. 209 JACKSONVILLE, FL 32257	
FEI Number: 20-0693899 FEI Number Applied For ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability co Name and Address of Current Registered Agent:	FEI Number Not Applicable ( ) Certificate of Status Desired mpany did not receive the prior notice.  Name and Address of New Registered Agent:	d ( )
STONEBURNER, GRESHAM R 841 PRUDENTIAL DR, STE 1400 JACKSONVILLE, FL 32207 US		
The above named entity submits this statement for the	nurnose of changing its registered office or registered agent.	or both

## MANAGING MEMBERS/MANAGERS:

in the State of Florida.

e: MGRM () Delete

SIGNATURE: GRESHAM STONEBURNER

Electronic Signature of Registered Agent

 Name:
 HASSAN, JOE

 Address:
 9456 PHILIPS HWY, #7

 City-St-Zip:
 JACKSONVILLE, FL 32256

Title: MGRM ( ) Delete

Name: SHERIDAN, JOHN
Address: 2700 W CYPRESS CREEK RD -C100
City-St-Zip: FORT LAUDERDALE, FL 33309

## ADDITIONS/CHANGES:

Address:

City-St-Zip:

Title: ( ) Change ( ) Addition

Date

**New Principal Place of Business:** 

Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOE HASSAN MGRM 10/05/2007