

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002171

FILED  
Mar 02, 2009  
Secretary of State

**Entity Name:** CERTIFIED SECURITY SERVICES, LLC

**Current Principal Place of Business:**

9456 PHILLIPS HWY, STE 7  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

10365 HOOD RD. S. 209  
JACKSONVILLE, FL 32257

**New Mailing Address:**

**FEI Number:** 20-0693899

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
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:**

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

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

03/02/2009

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