

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000002172

FILED
Oct 05, 2007
Secretary of State

Entity Name: CERTIFIED SECURITY SYSTEMS OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

2700 W CYPRESS CREEK RD
C100
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

9456 PHILLIPS HWY, STE 7
JACKSONVILLE, FL 32256

New Mailing Address:

10365 HOOD RD. S #209
JACKSONVILLE, FL 32257

FEI Number: 20-0694046 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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: GRESHAM STONEBURNER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHERIDAN, JOHN
Address: 2700 W CYPRESS CREEK RD, C-100
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGRM () Delete
Name: HASSAN, JOE
Address: 9456 PHILLIPS HWY, #7
City-St-Zip: JACKSONVILLE, FL 32256

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

10/05/2007

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