

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006334

FILED
May 13, 2008
Secretary of State

Entity Name: SILVER SHORES SECURITY SERVICES, LLC

Current Principal Place of Business:

262 EDGEWOOD TERRACE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

220 CHRISTMAS TREE LANE
PANAMA CITY BEACH, FL 32413

Current Mailing Address:

P O BOX 1444
SANTA ROSA BEACH, FL 32459

New Mailing Address:

220 CHRISTMAS TREE LANE
PANAMA CITY BEACH, FL 32413

FEI Number: 20-0607221 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:

UHLFELDER, DANIEL W
3092 W. COUNTY ROAD 30A
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

UHLFELDER, DANIEL W
220 CHRISTMAS TREE LANE
PANAMA CITY BEACH, FL 32413 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: JOHN A SEXTON

05/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SEXTON, JOHN A
Address: 262 EDGEWOOD TERRACE
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SEXTON, JOHN A
Address: 220 CHRISTMAS TREE LANE
City-St-Zip: PANAMA CITY BEACH, FL 32413

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: JOHN A SEXTON

MGR

05/13/2008

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