

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000032760

**FILED**  
**Sep 28, 2011**  
**Secretary of State**

**Entity Name:** ADVANCED TACTICAL SECURITY LLC

**Current Principal Place of Business:**

5243 SOUTH NOVA ROAD  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

5652 ISABELLE AVE  
PORT ORANGE, FL 32127

**Current Mailing Address:**

5243 SOUTH NOVA ROAD  
PORT ORANGE, FL 32127

**New Mailing Address:**

5652 ISABELLE AVE  
PORT ORANGE, FL 32127

**FEI Number:** 20-1819286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THORNTON, FRANK H  
5243 SOUTH NOVA  
PORT ORANGE, FL, FL 32127 US

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

THORNTON, FRANK H  
5652 ISABELLE AVE  
PORT ORANGE, FL, FL 32127 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: \_\_\_\_\_

09/28/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: THORNTON, FRANK H  
Address: 5652 ISABELLE AVE  
City-St-Zip: PORT ORANGE, FL 321127

Title: MGR  
Name: THORNTON, EILEEN M  
Address: 2304  
City-St-Zip: WILLOW OAK DRIVE, FL 32141

I hereby 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: FRANK THORNTON

CEO

09/28/2011

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