

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033748

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** DIRECT SUPPORT SECURITY AND MEDICAL, LLC

**Current Principal Place of Business:**

217 MIDVALE TERRACE  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

9611 NORTH U.S. HIGHWAY 1  
# 343  
SEBASTIAN, FL 32958

**New Mailing Address:**

217 MIDVALE TERRACE  
SEBASTIAN, FL 32958

**FEI Number:** 11-3718577

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: CROCKER, JACOB W  
Address: 217 MIDVALE TERRACE  
City-St-Zip: SEBASTIAN, FL 32958

Title: AS ( ) Delete  
Name: NEIL, VICTORIA  
Address: 2724 CRYSTAL TREE DRIVE  
City-St-Zip: REDDING, CA 96001

**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: VICTORIA NEIL

AS

04/28/2009

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