## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 23, 2005 8:00 am **Secretary of State** DOCUMENT # L04000036268 1. Entity Name 02-23-2005 90153 043 \*\*\*\*50.00 SECURE-SELL LLC Principal Place of Business Mailing Address 633 BROOKFIELD LOOP -633 BROOKFIELD LOOP LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State 4. FEI Number Applied For Not Applicable 51-0507576 Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HODGES, STEPHEN A 633 BROOKFIELD LOOP ommerce LAKE MARY FL 32746-¢ Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. ☐ Change ☐ Addition TITLE MGRM ☐ Delete TITLE NAME HODGES, STEPHEN A NAME STREET ADDRESS 633 BROOKFIELD LOOP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 Addition ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS esburg. M5 39402 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete -TITLE \_ \_ NAME NAME 1807 Knox Ave. Janford, FL 32771 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

SIGNATURE: 3000 1 1000 2 2-18-05 407-321-2330
SIGNATURE AND TYPEG OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone #

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.