

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042916

FILED
Feb 25, 2009
Secretary of State

Entity Name: REDEYE SECURITY & ASSOCIATES, LLC

Current Principal Place of Business:

3749 D GULF BREEZE PARKWAY
SUITE 357
GULF BREEZE, FL 32563

New Principal Place of Business:

1444 WEST SHORES BLVD
GULF BREEZE, FL 32563

Current Mailing Address:

1444 WEST SHORES BLVD.
GULF BREEZE, FL 32563

New Mailing Address:

3749D GULF BREEZE PKWY
#357
GULF BREEZE, FL 32563

FEI Number: 56-2457428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VARGAS, MARK
1444 WEST SHORES BLVD.
GULF BREEZE, FL 32563 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: MGR () Delete
Name: VARGAS, MARK
Address: 5955 LINENE DR
City-St-Zip: CRESTVIEW, FL 32536

Title: MGRM () Delete
Name: VARGAS, REBECCA
Address: 5955 LINENE DR
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VARGAS, MARK
Address: 1444 WEST SHORES BLVD
City-St-Zip: GULF BREEZE, FL 32563

Title: MGRM (X) Change () Addition
Name: VARGAS, REBECCA
Address: 1444 WEST SHORES BLVD
City-St-Zip: GULF BREEZE, FL 32563

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: REBECCA P VARGAS

GM

02/25/2009

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