

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066252

FILED
Mar 17, 2008
Secretary of State

Entity Name: PRIMEVISION SECURITY SERVICES LLC

Current Principal Place of Business:

1485 NORTH PARK DRIVE
WESTON, FL 33326

New Principal Place of Business:

2400 NORTH COMMERCE PKWY
SUITE 305
WESTON, FL 33326

Current Mailing Address:

1485 NORTH PARK DRIVE
WESTON, FL 33326

New Mailing Address:

2400 NORTH COMMERCE PKWY
SUITE 305
WESTON, FL 33326

FEI Number: 57-1211188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 US

Name and Address of New Registered Agent:

WORKMAN, TOD
2400 NORTH COMMERCE PKWY
SUITE 305
WESTON, FL 33326 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: TOD WORKMAN

03/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PRIMEVISION COMMUNIC, ATIONS LLC
Address: 1485 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: LEONE, STEVE
Address: 2400 NORTH COMMERCE PKWY # 305
City-St-Zip: WESTON, FL 33326 US

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: STEVE LEONE

MGRM

03/17/2008

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