

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088900

FILED
May 28, 2006
Secretary of State

Entity Name: THREAT MANAGEMENT SOLUTIONS, LLC

Current Principal Place of Business:

8820 CITRUS VILLAGE DRIVE
207
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

8820 CITRUS VILLAGE DRIVE
207
TAMPA, FL 33626

New Mailing Address:

FEI Number: 20-2084977 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GREENE, KARYN Z
8820 CITRUS VILLAGE DRIVE
207
TAMPA, FL 33626 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GREENE, KARYN Z
Address: 8820 CITRUS VILLAGE DRIVE APT# 207
City-St-Zip: TAMPA, FL 33626

Title: MGRM () Delete
Name: GREENE, LAURENCE C
Address: 8820 CITRUS VILLAGE DRIVE APT# 207
City-St-Zip: TAMPA, FL 33626

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 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: KARYN Z.GREENE

MGRM

05/28/2006

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