

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90199 023 \*\*\*\*50.00

<b>DOCUMENT # L04000091225</b> 1. Entity Name <b>ALLIED PROTECTION SERVICES OF NAPLES, LLC</b>					
Principal Place of Business <b>12740 BAYSHORE DRIVE, #18</b> <b>NAPLES, FL 34102</b>			Mailing Address <b>2740 BAYSHORE DR</b> <b>STE 18</b> <b>NAPLES, FL 34102 US</b>		
2. Principal Place of Business <b>2740 BAYSHORE DR.</b> Suite, Apt. #, etc. <b>#18</b> City & State <b>NAPLES, FL</b> Zip <b>34102</b>		3. Mailing Address <b>P.O. BOX 7259</b> Suite, Apt. #, etc.  City & State <b>FT. MYERS FL</b> Zip <b>33911-7259</b>			
01192006 Chg-LLC CR2E083 (11/05)				4. FEI Number <b>65-0399920</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LEVINE, STEPHEN</b> <b>2851 PARK WINDSOR DV., #208</b> <b>FORT MYERS, FL 33901</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>LEVINE, STEPHEN</b> <b>2651 PARK WINDSOR DV., #208</b> <b>FORT MYERS, FL 33901</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: <u>Stephen M Levine</u> Stephen M Levine 2/25/06 239-278-0000</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					