

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 14, 2006 8:00 am
Secretary of State

03-23-2006 90272 009 ****50.00

DOCUMENT # L05000018317 1. Entity Name STEADFAST SECURITY LLC																															
Principal Place of Business P.O. BOX 420407 SUMMERLAND KEY FL 33042			Mailing Address P.O. BOX 420407 SUMMERLAND KEY FL 33042																												
2. Principal Place of Business P.O. Box 420407 Suite, Apt. #, etc. Summerland Key City & State Florida		3. Mailing Address Suite, Apt. #, etc. City & State Zip 33042 Country U.S.A.																													
4. FEI Number 02-0635427		Applied For ☐ Not Applicable																													
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent COSTA, RUSSELL 1415 LONG BEACH DRIVE BIG PINE KEY FL 33043			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u><i>Russell Costa</i></u> (NOTE: Registered Agent signature required when applicable.) DATE <u>3/12/2006</u>																															
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006																															
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 70%;"> Sole Prop Russell P Costa 1415 Long Beach Dr Big Pine Key FL 33043 </td> </tr> <tr><td colspan="2">☐ Delete</td></tr> <tr><td colspan="2">☐ Delete</td></tr> <tr><td colspan="2">☐ Delete</td></tr> <tr><td colspan="2">☐ Delete</td></tr> <tr><td colspan="2">☐ Delete</td></tr> <tr><td colspan="2">☐ Delete</td></tr> </table>			TITLE NAME STREET ADDRESS CITY- ST- ZIP	Sole Prop Russell P Costa 1415 Long Beach Dr Big Pine Key FL 33043	☐ Delete		☐ Delete		☐ Delete		☐ Delete		☐ Delete		☐ Delete		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 70%;"> ☐ Change ☐ Addition </td> </tr> <tr><td colspan="2">☐ Change ☐ Addition</td></tr> <tr><td colspan="2">☐ Change ☐ Addition</td></tr> <tr><td colspan="2">☐ Change ☐ Addition</td></tr> <tr><td colspan="2">☐ Change ☐ Addition</td></tr> <tr><td colspan="2">☐ Change ☐ Addition</td></tr> </table>			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. SIGNATURE: <u><i>Russell Costa</i></u> DATE: <u>3/12/06</u>																															