2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L05000034793

Entity Name: TRI LEVEL INTEGRATED FIRE PROTECTION SYSTEMS, LLC

Current Principal Place of Business:

4650 NE INDIAN RIVER DR
JENSEN BEACH, FL 34957 US

New Principal Place of Business:

Current Mailing Address:

4650 N.E. INDIAN RIVER DR.
JENSEN BEACH, FL 34957 US

New Mailing Address:

FEI Number: 20-2659822 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EVANS, CRAIG J
4650 NE INDIAN RIVER DR
JENSEN BEACH, FL 34957 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: EVANS, CRAIG J
Address: 137 ASHLEY COURT
City-St-Zip: JUPITER, FL 33458 US

Title: P ( ) Delete
Name: EVANS, CHARLOTTE
Address: 4650 NE INDIAN RIVER DR
City-St-Zip: JENSEN BEACH, FL 34957 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: EVANS, CRAIG J
Address: 4650 N.E. INDIAN RIVER DR.
City-St-Zip: JENSENBEACH, FL 34957 US

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

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: CRAIG EVANS MGR 04/16/2009

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