

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90250 042 \*\*\*\*\*50.00

DOCUMENT # L05000035144

1. Entity Name

EPS - ESTATE PROTECTION SERVICES LLC



Principal Place of Business

Mailing Address

803 BLUE RIDGE CIR  
WEST PALM BEACH FL 33409

803 BLUE RIDGE CIR  
WEST PALM BEACH FL 33409

2. Principal Place of Business - No P.O. Box #

13270 SE 106 TERR  
Suite, Apt. #, etc.

3. Mailing Address

13270 SE 106 TERR  
Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/06)

City & State

Ocklawaha FL

City & State

Ocklawaha FL

4. FEI Number

20-2671705

Applied For

Not Applicable

Zip

32179

Country

USA

Zip

32179

Country

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FIRESTONE, ANDREA  
803 BLUE RIDGE CIR  
WEST PALM BEACH FL 33409

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

*Andrea Firestone*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
FIRESTONE, ANDREA  
803 BLUE RIDGE CIR  
WEST PALM BEACH FL 33409  
*See new address*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
FIRESTONE, ANDREA  
803 BLUE RIDGE CIR  
WEST PALM BEACH FL 33409  
*See new address*

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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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:

*Andrea Firestone*  
*Andrea Firestone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*4/9/07* *352* *454-0675*