

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041888

Entity Name: ASAP SURVEILLANCE, LLC

FILED
Mar 09, 2009
Secretary of State

Current Principal Place of Business:

1655 E. SEMORAN BLVD
SUITE 39
APOPKA, FL 32703

New Principal Place of Business:

660 EXECUTIVE PARK CT
SUITE 1200
APOPKA, FL 32703

Current Mailing Address:

1655 E. SEMORAN BLVD., #39
APOPKA, FL 32703

New Mailing Address:

660 EXECUTIVE PARK CT
SUITE 1200
APOPKA, FL 32703

FEI Number: 20-2812845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMSTRONG, ALEX D
1655 E. SEMORAN BLVD., #39
APOPKA, FL 32703 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: MGRM () Delete
Name: SUTLEY, ROBERT O
Address: 1655 E. SEMORAN BLVD., #39
City-St-Zip: APOPKA, FL 32703

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: ARMSTRONG, ALEX
Address: 660 EXECUTIVE PARK CT #1200
City-St-Zip: APOPKA, FL 32703

Title: VP () Change (X) Addition
Name: ARMSTRONG, LINDA
Address: 660 EXECUTIVE PARK CT #1200
City-St-Zip: APOPKA, FL 32703

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: ALEX D ARMSTRONG

P

03/09/2009

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