

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056707

FILED  
Jan 10, 2006  
Secretary of State

**Entity Name:** SECURITY COMPLIANCE ASSOCIATES, LLC

**Current Principal Place of Business:**

24602 PORTOFINO DR  
LUTZ, FL 33559

**New Principal Place of Business:**

**Current Mailing Address:**

24602 PORTOFINO DR  
LUTZ, FL 33559

**New Mailing Address:**

**FEI Number:** 20-2980510

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLER, DAVID  
24602 PORTOFINO DR  
LUTZ, FL 33559 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: MILLER, DAVID  
Address: 24602 PORTOFINO DR.  
City-St-Zip: LUTZ, FL 33559

Title: MGRM ( ) Delete  
Name: WOODS, RICK  
Address: 24602 PORTOFINO DR.  
City-St-Zip: LUTZ, FL 33559

Title: MGRM ( ) Delete  
Name: JUNEAU, DAN  
Address: 24602 PORTOFINO DR.  
City-St-Zip: LUTZ, FL 33559

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID MILLER

MGRM

01/10/2006

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