


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # L05000062225	
1. Entity Name INVESTMENT PROTECTION SERVICES, LLC	

Principal Place of Business 5547 LOFTY PINES CIRCLE S JACKSONVILLE, FL 32210 US	Mailing Address 5547 LOFTY PINES CIRCLE S JACKSONVILLE, FL 32210 US
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DO NOT WRITE IN THIS SPACE



04152007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3036307	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**REYNOLDS, JOHN C
5547 LOFTY PINES CIRCLE S
JACKSONVILLE, FL 32210**

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REYNOLDS, JOHN C 5547 LOFTY PINES CIRCLE S JACKSONVILLE, FL 32210
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *John C. Reynolds* **15 April 07** 904-778-4506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #