

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066088

FILED  
May 21, 2008  
Secretary of State

Entity Name: CAPITAL CITY LOCKSMITH LTD. CO.

**Current Principal Place of Business:**

5227 GUM RD. LOT 3  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3872  
TALLAHASSEE, FL 32315

**New Mailing Address:**

FEI Number: 87-0749213

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VARNADORE, MICHAEL T  
5227 GUM RD. LOT 3  
TALLAHASSEE, FL 32304 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: VARNADORE, MICHAEL T  
Address: 5227 GUM RD. LOT 3  
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGRM ( ) Delete  
Name: WEBB, CASEY  
Address: 6148 JASON TR  
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM ( ) Delete  
Name: MOORE, JONATHAN A  
Address: 1925 LONGVIEW DR.  
City-St-Zip: TALLAHASSEE, FL 32303

**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 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: MICHAEL VARNADORE

MR

05/21/2008

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