

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066089

FILED
Feb 11, 2009
Secretary of State

Entity Name: PATRIOT PROTECTIVE GROUP SECURITY AND INVESTIGATIONS LLC

Current Principal Place of Business:

4694 PALM AVE
SUITE 201
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

19550 CYPRESS COURT
HIALEAH, FL 33015

New Mailing Address:

FEI Number: 90-0400899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HADFEG, IVAN
19550 CYPRESS COURT
HIALEAH, FL 33015 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: HADFEG, IVAN
Address: 4694 PALM AVE
City-St-Zip: HIALEAH, FL 33012

Title: P () Delete
Name: HADFEG, IVAN
Address: 4694 PALM AVE
City-St-Zip: HIALEAH, FL 33012

Title: MGRM (X) Delete
Name: ORITIZ, MARIO
Address: 4694 PALM AVE
City-St-Zip: HIALEAH, FL 33012

Title: V (X) Delete
Name: ORTIZ, MARIO
Address: 4694 PALM AVE
City-St-Zip: HIALEAH, FL 33012

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:

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: IVAN HADFEG

MGRM

02/11/2009

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