2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2007
Secretary of State

DOCUMENT# L05000091979

Entity Name: DIVERSIFIED FIRE & SAFETY L.L.C.

Current Principal Place of Business:

1401 ISLAND DRIVE SOUTH
SOUTH PASADENA,, FL 33707

New Principal Place of Business:

5725 17TH AVENUE S.
GULFPORT, FL 33707

Current Mailing Address:

1401 ISLAND DRIVE SOUTH
SOUTH PASADENA,, FL 33707

New Mailing Address:

5725 17TH AVENUE S.
GULFPORT, FL 33707

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KESSINGER, DAVID L
1401 ISLAND DRIVE SOUTH
SOUTH PASADENA, FLORIDA, FL 33707 US

Name and Address of New Registered Agent:

KESSINGER, DAVID L
5725 17TH AVENUE S.
GULFPORT, FLORIDA, FL 33707 US

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: 04/07/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: RAY, SHERI
Address: 1401 ISLAND DRIVE
City-St-Zip: SOUTH PASADENA, FL 33707 US

Title: MGR ( ) Delete
Name: HAND, ERNIE
Address: 1825 59TH STREET S.
City-St-Zip: GULFPORT, FL 33707

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HAND, TRUDY
Address: 1825 59TH STREET S.
City-St-Zip: GULFPORT, FL 33707 US

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 L. KESSINGER OWNE 04/07/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date