

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091979

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

5725 17TH AVENUE S.
GULFPORT, FL 33707

New Principal Place of Business:

1737 BRADSHAW LANE N.
ST. PETERSBURG, FL 33710

Current Mailing Address:

5725 17TH AVENUE S.
GULFPORT, FL 33707

New Mailing Address:

1737 BRADSHAW LANE N.
ST. PETERSBURG, FL 33710

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

Name and Address of New Registered Agent:

KESSINGER, DAVID L
1737 BRADSHAW LANE N.
ST. PETERSBURG, FLORIDA, FL 33710 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:

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KESSINGER, JAMES J
Address: 4664 FLEDGLING DRIVE
City-St-Zip: TALLAHASSEE, FL 32311 US

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

ADDITIONS/CHANGES:

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: JAMES J. KESSINGER

MGR

04/15/2009

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