

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000092902

1. Entity Name
SAFE & SECURE HOMEWATCH LLC



Principal Place of Business

8875 PINTO COURT
NAPLES, FL 34113

Mailing Address

8875 PINTO COURT
NAPLES, FL 34113



01152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

61-1494127

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, JAMES J
8875 PINTO COURT
NAPLES, FL 34113

**DO NOT WRITE
IN THIS SPACE**

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

James J. Evans
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-15-07

U000000788792

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

01/18/08-80054-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	EVANS, JAMES J
STREET ADDRESS	8875 PINTO COURT
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	MGRM
NAME	ROMANO, NORMA
STREET ADDRESS	8878 PINTO COURT
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

James J. Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

JAMES J. EVANS

1-15-08

Date

239-776-4963

Daytime Phone #