

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000099143

**FILED**  
**Feb 07, 2007**  
**Secretary of State**

**Entity Name:** SERVIDIAN INTEGRATED SECURITY SERVICES, LLC

**Current Principal Place of Business:**

1600 SUNDANCE LANE  
BOCA RATON, FL 33428

**New Principal Place of Business:**

1391 S. ANDREWS AVENUE  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

1600 SUNDANCE LANE  
BOCA RATON, FL 33428

**New Mailing Address:**

1391 S. ANDREWS AVENUE  
POMPANO BEACH, FL 33069

**FEI Number:** 20-3617749

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WALLACE, DONALD R  
1600 SUNDANCE LANE  
BOCA RATON, FL 33428 US

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

WALLACE, DONALD R  
1391 S. ANDREWS AVENUE  
POMPANO BEACH, FL 33069 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: DONALD R. WALLACE

02/07/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WALLACE, DONALD R  
Address: 1600 SUNDANCE LANE  
City-St-Zip: BOCA RATON, FL 33428

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WALLACE, DONALD R  
Address: 1391 S. ANDREWS AVENUE  
City-St-Zip: POMPANO BEACH, FL 33069

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: DONALD R. WALLACE

MGRM

02/07/2007

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