


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90033 020 ****50.00

DOCUMENT # L05000103883	
1. Entity Name CHOICE SECURITY & MONITORING, LLC	

Principal Place of Business 5453 N. 59TH STREET TAMPA, FL 33610	Mailing Address 5453 N. 59TH STREET TAMPA, FL 33610
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2. Principal Place of Business - No P.O. Box # 338 Commerce CT	3. Mailing Address 338 Commerce CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WINTER HAVEN FL	City & State WINTER HAVEN FL
Zip 33880	Zip 33880
Country POLK	Country POLK

6. Name and Address of Current Registered Agent

SALTER, JEFFREY D
5453 N. 59TH STREET
TAMPA, FL 33610

00002469



07052007 Chg-LLC CR2E083 (12/06)

4. FEI Number APPLIED FOR 75-3246472	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent

Name **Richard T Pullen**
Street Address (P.O. Box Number is Not Acceptable)
5052 BARROW DR
City **TAMPA** FL Zip Code **33624**

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 **Richard T Pullen** **Richard T Pullen** **7/10/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRADFORD, JAMES W 5453 N. 59TH STREET TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRADFORD, JAMES W 338 Commerce CT WINTER HAVEN FL 33880 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Bradford** **7-11-07** **863-293-6726**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #