

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000054595

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** DATABASE SECURITY SYSTEMS, L.L.C.

**Current Principal Place of Business:**

3615 COLD CREEK DRIVE  
VALRICO, FL 33596

**New Principal Place of Business:**

3615 COLD CREEK DRIVE  
VALRICO, FL 33596 US

**Current Mailing Address:**

3615 COLD CREEK DRIVE  
VALRICO, FL 33596

**New Mailing Address:**

3615 COLD CREEK DRIVE  
VALRICO, FL 33596 US

**FEI Number:** 51-0580521

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WATTS, SUZAN M MGRM  
3615 COLD CREEK DRIVE  
VALRICO, FL 33596 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** WATTS, SUZAN M MGRM  
**Address:** 3615 COLD CREEK DRIVE  
**City-St-Zip:** VALRICO, FL 33596

**Title:** MGRM  
**Name:** WATTS, TIMOTHY L MGRM  
**Address:** 3615 COLD CREEK DRIVE  
**City-St-Zip:** VALRICO, FL 33596

I hereby 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:** SUZAN M. WATTS

MGRM

01/04/2012

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