

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059821

Entity Name: FLORIDA STORM SECURITY, LLC

FILED
Feb 17, 2007
Secretary of State

Current Principal Place of Business:

9911 SW 48TH STREET
MIAMI, FL 33165

New Principal Place of Business:

2121 PONCE DE LEON BLVD.
SUITE 900
CORAL GABLES, FL 33134 US

Current Mailing Address:

9911 SW 48TH STREET
MIAMI, FL 33165

New Mailing Address:

2121 PONCE DE LEON BLVD.
SUITE 900
CORAL GABLES, FL 33134 US

FEI Number: 20-5035326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAHAN, JAMES W
1261 AGUILA AVE.
CORAL GABLES FLORIDA, FL 33134 US

Name and Address of New Registered Agent:

MAHAN, JAMES W
450 SEVILLA AVE.
CORAL GABLES FLORIDA, FL 33134 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: JAMES W MAHAN

02/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MAHAN, JAMES W
Address: 1261 AGUILA AVE.
City-St-Zip: CORAL GABLES FLORIDA, FL 33134

Title: MGR (X) Delete
Name: GABBE, MYRA G
Address: 11828 OSPREY POINTE CIRCLE
City-St-Zip: WELLINGTON, FL 33467

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MAHAN, JAMES W
Address: 450 SEVILLA AVE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES W MAHAN

MGR.

02/17/2007

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