2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# L06000060912

Entity Name: LOSS PREVENTION SERVICES, LLC

Current Principal Place of Business:

1200 S. HILLCREST CT., APT. 206
HOLLYWOOD, FL 33021

New Principal Place of Business:

1200 HILLCREST CT., APT. 206
HOLLYWOOD, FL 33021

Current Mailing Address:

1200 S. HILLCREST CT., APT. 206
HOLLYWOOD, FL 33021

New Mailing Address:

1200 HILLCREST CT., APT. 206
HOLLYWOOD, FL 33021

FEI Number: 41-2209441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAROCQUE, CLAIRE
1200 S. HILLCREST CT., APT. 206
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

LAROCQUE, CLAIRE
1200 HILLCREST CT., APT. 206
HOLLYWOOD, FL 33021 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: CLAIRE LAROCQUE 01/04/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LAROCQUE, CLAIRE
Address: 3150 W. HALLANDALE BEACH BLVD., LOT #10
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LAROCQUE, CLAIRE
Address: 1200 HILLCREST CT., APT. 206
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify 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: CLAIRE LAROCQUE MGR 01/04/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date