

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073838

FILED  
Jan 03, 2007  
Secretary of State

Entity Name: DAVE'S MOBILE LOCKSMITH LLC

**Current Principal Place of Business:**

3110 VISTA PALM DRIVE  
EDGEWATER, FL 32141 US

**New Principal Place of Business:**

**Current Mailing Address:**

3110 VISTA PALM DRIVE  
EDGEWATER, FL 32141 US

**New Mailing Address:**

FEI Number: 61-1506416

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MALONEY, DAVID  
3110 VISTA PALM DRIVE  
EDGEWATER, FL 32141 US

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

MALONEY, DAVID P  
3110 VISTA PALM DRIVE  
EDGEWATER, FL 32141 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: DAVID P. MALONEY

01/03/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MALONEY, DAVID  
Address: 3110 VISTA PALM DRIVE  
City-St-Zip: EDGEWATER, FL 32141 US

Title: MGRM ( ) Delete  
Name: MALONEY, BRIAN  
Address: 3110 VISTA PALM DRIVE  
City-St-Zip: EDGEWATER, FL 32141 US

Title: MGRM ( ) Delete  
Name: MALONEY, NANCY  
Address: 3110 VISTA PALM DRIVE  
City-St-Zip: EDGEWATER, FL 32141 US

Title: MGRM ( ) Delete  
Name: MALONEY, VALERIE  
Address: 3110 VISTA PALM DRIVE  
City-St-Zip: EDGEWATER, FL 32141 US

**ADDITIONS/CHANGES:**

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

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

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

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: DAVID P. MALONEY

MGRM

01/03/2007

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