

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L06000089788</b> 1. Entity Name ACTION LOCK-SAFES & SECURITY, L.L.C.																															
Principal Place of Business 2790 SPRING FOREST ROAD TALLAHASSEE, FL 32301		Mailing Address 2790 SPRING FOREST ROAD TALLAHASSEE, FL 32301 <div style="text-align: right; font-weight: bold; font-size: 1.2em;">BK</div>																													
2. Principal Place of Business - No P.O. Box # 14 Coastal Hwy #29		3. Mailing Address PO Box 1052 Suite, Apt. #, etc. 																													
City & State Panama, FL		City & State Panama, FL																													
Zip 32346	Country Wakulla	Zip 32346	Country Wakulla																												
6. Name and Address of Current Registered Agent  FRENCH, NANCY JO 2129 FAULK DRIVE TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name <u>Linda L. Hollis</u> Street Address (P.O. Box Number is Not Acceptable) <u>14 Coastal Hwy #29</u> City <u>Panama</u> <u>FL</u> Zip Code <u>32346</u>																													
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 <u>Linda L. Hollis</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>9/7/07</u>																															
Filing Fee is \$50.00 Due by September 14, 2007		<div style="font-weight: bold; font-size: 1.5em;">BK</div>																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGR</td> <td style="width: 15%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>HOLLIS, LINDA L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2790 SPRING FOREST ROAD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TALLAHASSEE, FL 32301</td> <td></td> </tr> </table>		TITLE	MGR	Delete	NAME	HOLLIS, LINDA L		STREET ADDRESS	2790 SPRING FOREST ROAD		CITY - ST - ZIP	TALLAHASSEE, FL 32301		10. ADDITIONS/CHANGES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 15%; text-align: right;">Change</td> <td style="width: 25%; text-align: right;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE		Change	Addition	NAME				STREET ADDRESS				CITY - ST - ZIP			
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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 606, Florida Statutes.																															
SIGNATURE: <u>Linda L. Hollis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>9-7-07</u> Daytime Phone # <u>(850) 509-5888</u>																													

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

20010522482  
09/10/07--01004--619/07



09072007 Chg-LLC CR2E083 (12/06)

4. FEI Number ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

BK

Make check payable to  
Florida Department of State