

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093998

FILED  
Aug 31, 2007  
Secretary of State

**Entity Name:** VIDEO SURVEILLANCE OF FLORIDA, LLC.

**Current Principal Place of Business:**

15120 CRAGGY CLIFF ST.  
TAMPA, FL 33625 US

**New Principal Place of Business:**

**Current Mailing Address:**

15120 CRAGGY CLIFF ST.  
TAMPA, FL 33625 US

**New Mailing Address:**

FEI Number: 87-0782998      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

LEROE, GEORGE  
15120 CRAGGY CLIFF ST  
TAMPA, FL 33625 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEROE, GEORGE  
Address: 15120 CRAGGY CLIFF ST  
City-St-Zip: TAMPA, FL 33625 US

Title: MGR (X) Delete  
Name: GOMEZ, NELSON  
Address: 3775 EXETER CT. BLDG # 2  
City-St-Zip: PALM HARBOR, FL 34685 FL

**ADDITIONS/CHANGES:**

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 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: GEORGE LEROE

MGR

08/31/2007

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