## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000109796

Address:

City-St-Zip:

FORT MYERS, FL 33967 US

Entity Name: M3 FIRE PROTECTION LLC

FILED Jan 17, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 17100 PHLOX DR UNIT #102 FORT MYERS, FL 33967 **Current Mailing Address: New Mailing Address:** 17100 PHLOX DR UNIT #102 FORT MYERS, FL 33967 US FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLANCHETTE, MICHAEL 3348 PINETREE STREET PORT CHARLOTTE, FL 33952 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: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition BLANCHETTE, MICHAEL Name: Name: Address: 17100 PHLOX DR UNIT #102 Address: City-St-Zip: FORT MYERS, FL 33967 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: KOLIAS, MIKE Name: Address: 17100 PHLOX DR UNIT #102 Address: City-St-Zip: FORT MYERS, FL 33967 US City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition NOTTE, MATHEW Name: Name: 17100 PHLOX DR UNIT #102

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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL BLANCHETTE **MGRM**