

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118026

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: ACE PROTECTION SERVICES, LLC

**Current Principal Place of Business:**

160 W. EVERGREEN AVE., SUITE 101  
LONGWOOD, FL 32750

**New Principal Place of Business:**

160 W. EVERGREEN AVE., SUITE 110A  
LONGWOOD, FL 32750

**Current Mailing Address:**

160 W. EVERGREEN AVE., SUITE 101  
LONGWOOD, FL 32750

**New Mailing Address:**

160 W. EVERGREEN AVE., SUITE 110A  
LONGWOOD, FL 32750

FEI Number: 20-8054311

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

METCALF, LISA M  
160 W. EVERGREEN AVE., SUITE 101  
LONGWOOD, FL 32750 US

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

METCALF, LISA M  
160 W. EVERGREEN AVE., SUITE 110A  
LONGWOOD, FL 32750 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:

04/26/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: METCALF, LISA M  
Address: 160 W. EVERGREEN AVE., SUITE 101  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: METCALF, LISA M  
Address: 160 W. EVERGREEN AVE., SUITE 110A  
City-St-Zip: LONGWOOD, FL 32750

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: LISA METCALF

MGRM

04/26/2007

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