

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000001533

Entity Name: DATA SECURE IP, LLC

FILED  
Feb 21, 2009  
Secretary of State

**Current Principal Place of Business:**

9310 FLORIDA PALM DR  
# 11  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

17874 N US HWY 41  
LUTZ, FL 335494502 US

**New Mailing Address:**

FEI Number: 74-3209274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHANKLAND, HAROLD L  
17874 N US HWY 41  
LUTZ, FL 335494502 US

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

SHANKLAND, KENNETH A  
17736 NATHANS DR  
TAMPA, FL 33647 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: KENNETH A. SHANKLAND

02/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SHANKLAND, HAROLD L  
Address: 17874 N US HWY 41  
City-St-Zip: LUTZ, FL 335494502 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SHANKLAND, KENNETH A  
Address: 17736 NATHANS DR  
City-St-Zip: TAMPA, FL 33647 US

Title: MGR ( ) Change (X) Addition  
Name: SHANKLAND, HAROLD L  
Address: 17874 N US HWY 41  
City-St-Zip: LUTZ, FL 335494502 US

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: HAROLD L SHANKLAND

MGR

02/21/2009

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