2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State
04-11-2008 90177 004 ***150.00

DOCUMENT # L07000009288

1. Entity Name
STRAWN SECURITY SERVICES, LLC

Principal Place of Business	Mailing Address
1810 17TH AVENUE WEST BRADENTON, FL 34205 US	C/O D&K ACCOUNTING & TAX 2335 J 63RD AVENUE EAST 34203, US

04032008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		710 60th St Ct E	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Bradenton FL	
Zip	Country	Zip: 34208	Country: USA

4. FEI Number: 20-8314136 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HECKMAN, DONALD H 2335 J 63RD AVENUE EAST BRADENTON, FL 34203	Name: Street Address (P.O. Box Number is Not Acceptable): 710 60th St Ct E City: Bradenton FL Zip Code: 34208

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: Donald H. Heckman — 4/4/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRAWN, GENE 1810 17TH AVENUE WEST BRADENTON, FL 34205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 608, Florida Statutes.

SIGNATURE: Gene H. Strawn — 4-9-08 — 941-745-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #