

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

04-21-2008 90303 008 ***138.75

| | | | | | |
|--|------------------------------|---|--|--|--|
| DOCUMENT # L07000016746 1. Entity Name GUARDIAN HOMEWATCH, LLC | | | | | |
| Principal Place of Business 1645 BAMBOO DRIVE VENICE, FL 34293 | | | Mailing Address 1645 BAMBOO DRIVE VENICE, FL 34293 | | |
| 2. Principal Place of Business - No P.O. Box # 1532 U.S. 41 BY-PASS SWTH | | 3. Mailing Address Suite, Apt. #, etc. 170 | | | |
| City & State VENICE FL | | City & State VENICE FL | | 4. FEI Number 20-8447604 | |
| Zip 34293 | | Country U.S.A. | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FOLKERS, LEE M 1645 BAMBOO DRIVE VENICE, FL 34293 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (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 MR | NAME LEE M FOLKERS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 1645 BAMBOO DR. | | | NAME | | |
| CITY-ST-ZIP VENICE, FL 34293 | | | STREET ADDRESS | | |
| TITLE | NAME | <input type="checkbox"/> Delete | CITY-ST-ZIP | | |
| STREET ADDRESS | | | NAME | | |
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| STREET ADDRESS | | | NAME | | |
| CITY-ST-ZIP | | | STREET ADDRESS | | |
| 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: | | | LEE FOLKERS | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | 4/15/08 941-544-6067 Date Daytime Phone # | | |
| LEE FOLKERS | | | 5/26/08 941-544-6067 Date Daytime Phone # | | |

00008146



02042008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-8447604** Applied For ☐ Not Applicable ☒

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

FOLKERS, LEE M
1645 BAMBOO DRIVE
VENICE, FL 34293

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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**Make check payable to
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10. ADDITIONS/CHANGES

| | |
|--------------------|---|
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SIGNATURE: **LEE FOLKERS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/15/08 941-544-6067
Date Daytime Phone #

5/26/08 941-544-6067
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