

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000028730

FILED  
Jan 24, 2009  
Secretary of State

Entity Name: MULLEN INVESTIGATIVE SERVICES LLC

## Current Principal Place of Business:

3909 N. OCEAN BLVD  
STE 402  
FORT LAUDERDALE, FL 33308

## New Principal Place of Business:

6278 N. FEDERAL HIGHWAY  
STE 635  
FORT LAUDERDALE, FL 33308

## Current Mailing Address:

3909 N. OCEAN BLVD  
STE 402  
FORT LAUDERDALE, FL 33308

## New Mailing Address:

6278 N. FEDERAL HIGHWAY  
STE 635  
FORT LAUDERDALE, FL 33308

FEI Number: 56-2648577

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MULLEN, KEVIN J  
3909 N. OCEAN BLVD  
STE 402  
FORT LAUDERDALE, FL 33308 US

## Name and Address of New Registered Agent:

MULLEN, KEVIN J  
6278 N. FEDERAL HIGHWAY  
STE 635  
FORT LAUDERDALE, FL 33308 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:

01/24/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MULLEN, KEVIN J  
Address: 3909 N. OCEAN BLVD STE 402  
City-St-Zip: FORT LAUDERDALE, FL 33308

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MULLEN, KEVIN J  
Address: 6278 N. FEDERAL HIGHWAY SUITE 635  
City-St-Zip: FORT LAUDERDALE, FL 33308

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: KEVIN J. MULLEN

MGRM

01/24/2009

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