

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000050275

Entity Name: ABRAMS SECURITY, LLC

FILED  
May 06, 2008  
Secretary of State

**Current Principal Place of Business:**

3005 NORTH 38TH STREET  
TAMPA, FL 33605

**New Principal Place of Business:**

3005 N 38TH STREET  
TAMPA, FL 33605

**Current Mailing Address:**

3005 NORTH 38TH STREET  
TAMPA, FL 33605

**New Mailing Address:**

FEI Number: 45-0563664      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

BARBARA J. PRASSE, P.A.  
420 WEST PLATT STREET  
TAMPA, FL 33606      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: ABRAMS, ROSIE L  
Address: 3005 NORTH 38TH STREET  
City-St-Zip: TAMPA, FL 33605

Title: MGRM      ( ) Delete  
Name: ABRAMS, ROSALIND  
Address: 6703 TRIXIE DRIVE  
City-St-Zip: SEFNER, FL 33584

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROSIE ABRAMS

OWNE

05/06/2008

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