

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065670

FILED  
Jul 02, 2008  
Secretary of State

**Entity Name:** KISSIMMEE PROTECTIVE SERVICES, LLC

**Current Principal Place of Business:**

119 SENECA POINT TRAIL  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

119 SENECA POINT TRAIL  
KISSIMMEE, FL 34746

**New Mailing Address:**

FEI Number: 26-2482213      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:**

FERNANDEZ, ZULEIKA  
119 SENECA POINT TRAIL  
KISSIMMEE, FL 34746      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: FERNANDEZ, NAIL  
Address: 119 SENECA POINT TRAIL  
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM      ( ) Delete  
Name: FERNANDEZ, ZULEIKA  
Address: 119 SENECA POINT TRAIL  
City-St-Zip: KISSIMMEE, FL 34746

**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: NAIL FERNANDEZ

MGMR

07/02/2008

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