2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# L07000078158

Entity Name: RESCUE 911 PROPERTIES, LLC

Current Principal Place of Business:

109 N PALAFOX ST
4
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

109 N PALAFOX ST
4
PENSACOLA, FL 32502

New Mailing Address:

FEI Number: 26-1102944 **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:

FARRAR PROPERTIES, INC
109 N PALAFOX ST
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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: MGR ( ) Delete
Name: ARNOLD, DOUG
Address: 109 N PALAFOX ST
City-St-Zip: PENSACOLA, FL 32502

Title: MGRM ( ) Delete
Name: FORRA, GREGORY P
Address: 109 N PALAFOX ST
City-St-Zip: PENSACOLA, FL 32502

Title: MGR ( ) Delete
Name: PIOTROWSKI, ANTHONY
Address: 7000 PINE FOREST RD
City-St-Zip: PENSACOLA, FL 32576

ADDITIONS/CHANGES:

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

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: GREGORY P FARRAR MGRM 07/08/2008

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