

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081774

Entity Name: FAMILYCONTACT911.COM, LLC

FILED  
Feb 12, 2009  
Secretary of State

## Current Principal Place of Business:

170 SAND KEY ESTATES DRIVE  
CLEARWATER, FL 33767

## New Principal Place of Business:

## Current Mailing Address:

170 SAND KEY ESTATES DRIVE  
CLEARWATER, FL 33767

## New Mailing Address:

611 DRUID RD.  
SUITE 702  
CLEARWATER, FL 33756

FEI Number: 26-0752235

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TINGIRIDES, STAVROS  
804 NORTH BELCHER ROAD, SUITE 100  
CLEARWATER, FL 33765 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: LINQUIST, SUSAN  
Address: 170 SAND KEY ESTATES DRIVE  
City-St-Zip: CLEARWATER, FL 33767

Title: MGR ( ) Delete  
Name: SPIRIDELLIS, NIKOLAOS  
Address: 170 SAND KEY ESTATES DRIVE  
City-St-Zip: CLEARWATER, FL 33767

## 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: NIKOLAOS T. SPIRIDELLIS

MGR

02/12/2009

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