

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000081774

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** FAMILYCONTACT911.COM, LLC

**Current Principal Place of Business:**

170 SAND KEY ESTATES DRIVE  
CLEARWATER, FL 33767

**New Principal Place of Business:**

**Current Mailing Address:**

611 DRUID RD.  
SUITE 702  
CLEARWATER, FL 33756

**New Mailing Address:**

611 DRUID RD.  
SUITE 405  
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  
**Name:** LINQUIST, SUSAN  
**Address:** 170 SAND KEY ESTATES DRIVE  
**City-St-Zip:** CLEARWATER, FL 33767

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

I hereby 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:** N T SPIRIDELLIS

MGR

02/07/2012

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