

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000089072

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** MYCOPS PRIVATE INVESTIGATORS, LLC

**Current Principal Place of Business:**

1626 GRAND CLUB BLVD.  
FT. PIERCE, FL 34982

**New Principal Place of Business:**

1626 GRAND CLUB BLVD  
FT. PIERCE, FL 34982

**Current Mailing Address:**

822 S.W. FEDERAL HWY., 5186  
STUART, FL 34994

**New Mailing Address:**

822 SW FEDERAL HWY, #51-86  
STUART, FL 34994

**FEI Number:** 27-0160156

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

VEGA, LUIS O  
1837 S. FEDERAL HWY, SUITE 51-86  
STUART, FL 34994 US

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

VEGA, LUIS O  
822 SW FEDERAL HWY, #51-86  
STUART, FL 34994 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: LUIS O. VEGA

04/21/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: O  
Name: OFFICE OF THE CHIEF PRIVATE INVESTIGATOR  
Address: 822 SW FEDERAL HWY, #51-86  
City-St-Zip: STUART, FL 34994

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: OFFICE OF THE CHIEF PRIVATE INVESTIGATOR

O

04/21/2011

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