

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099699

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** LANCASTER INVESTIGATIVE & PROTECTIVE SERVICES, LLC

**Current Principal Place of Business:**

345 ROUTE 17 SOUTH  
SUITE 13  
UPPER SADDLE RIVER, NJ 07458

**New Principal Place of Business:**

**Current Mailing Address:**

345 ROUTE 17 SOUTH  
SUITE 13  
UPPER SADDLE RIVER, NJ 07458

**New Mailing Address:**

PO BOX 28  
SUFFERN, NY 10901

**FEI Number:** 22-3769026

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EDWARDS, BENJAMIN  
BELLINI 10225, COLLINS AVE.  
PH2  
BAL HARBOUR, FL 33154 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: LEVINE, ED L  
Address: 345 ROUTE 17 SOUTH, SUITE 13  
City-St-Zip: UPPER SADDLE RIVER, NJ 07458 US

**ADDITIONS/CHANGES:**

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: EDWARD LEVINE

MGR

01/20/2009

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