

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000108442

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** SUPREEM SECURITY SERVICES LLC

**Current Principal Place of Business:**

469 HIDDEN MEADOWS LOOP  
SUITE #201  
FERN PARK, FL 32730

**New Principal Place of Business:**

**Current Mailing Address:**

469 HIDDEN MEADOWS LOOP  
SUITE #201  
FERN PARK, FL 32730

**New Mailing Address:**

**FEI Number:** 22-3971271

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GIBBS, ANTHONY P MGR  
469 HIDDEN MEADOWS LOOP  
SUITE #201  
FERN PARK, FL 32730 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: GIBBS, ANTHONY P  
Address: 469 HIDDEN MEADOWS LOOP SUITE #201  
City-St-Zip: FERN PARK, FL 32730

Title: S  
Name: GIBBS, ANTHONY P  
Address: 469 HIDDEN MEADOWS LOOP SUITE #201  
City-St-Zip: FERN PARK, FL 32730

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: ANTHONY GIBBS

MGR

03/18/2011

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