

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000114623

FILED
Apr 30, 2009
Secretary of State

Entity Name: OKALOOSA - WALTON SECURITY & SURVEILLANCE,LLC

Current Principal Place of Business:

593 HUBBARD STREET
DEFUNIAK SPRINGS, FL 32435 US

New Principal Place of Business:

Current Mailing Address:

593 HUBBARD STREET
DEFUNIAK SPRINGS, FL 32435 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS-SUTERA, LAWRENCE A SR
593 HUBBARD STREET
DEFUNIAK SPRINGS, FL 32435 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: MGRM () Delete
Name: HARRIS-SUTERA, LAWRENCE A SR
Address: 593 HUBBARD STREET
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

Title: MGRM () Delete
Name: HARRIS-SUTERA, JAN B
Address: 593 HUBBARD STREET
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

Title: MGRM () Delete
Name: HARRIS-SUTERA, LAWRENCE A JR
Address: 593 HUBBARD STREET
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LAWRENCE HARRIS-SUTERA

MGRM

04/30/2009

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