

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119987

FILED
Mar 10, 2009
Secretary of State

Entity Name: RED DEVIL FIRE SUPPRESSION, LLC

Current Principal Place of Business:

613 SIMONTON STREET
KEY WEST, FL 33040

New Principal Place of Business:

5624 3RD AVENUE
KEY WEST, FL 33040

Current Mailing Address:

613 SIMONTON STREET
KEY WEST, FL 33040

New Mailing Address:

5624 3RD AVENUE
KEY WEST, FL 33040

FEI Number: 26-1504394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, RICARDO
613 SIMONTON STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

RODRIGUEZ, RICARDO
5624 3RD AVENUE
KEY WEST, FL 33040 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: RICARDO RODRIGUEZ

03/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RODRIGUEZ, RICARDO
Address: 613 SIMONTON STREET
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Delete
Name: ROBERTS, DEWITT
Address: 613 SIMONTON STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RODRIGUEZ, RICARDO
Address: 5624 3RD AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: MGRM (X) Change () Addition
Name: ROBERTS, DEWITT
Address: 5624 3RD AVENUE
City-St-Zip: KEY WEST, FL 33040

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: RICARDO RODRIGUEZ

MGRM

03/10/2009

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