

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122938

FILED
Apr 23, 2009
Secretary of State

Entity Name: ADVANCED FIRE EXTINGUISHERS & SAFETY EQUIPMENT, LLC

Current Principal Place of Business:

5889 S. WILLIAMSON BLVD,
SUITE 109
PORT ORANGE, FL 32128 US

New Principal Place of Business:

4189 DAIRY CT.
STE. F
PORT ORANGE, FL 32127 US

Current Mailing Address:

5889 S. WILLIAMSON BLVD,
SUITE 1309
PORT ORANGE, FL 32128 US

New Mailing Address:

4189 DAIRY CT.
STE. F
PORT ORANGE, FL 32127 US

FEI Number: 33-1193891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEBIS, DANIEL S
3890 TURTLE CREEK DRIVE
SUITE B
PORT ORANGE, FL 32127 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: GAINES, KENNETH
Address: 5889 S. WILLIAMSON BLVD., SUITE 1309
City-St-Zip: PORT ORANGE, FL 32128 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GAINES, KENNETH
Address: 4189 S. WILLIAMSON BLVD.
City-St-Zip: PORT ORANGE, FL 32128 US

Title: MGR () Change (X) Addition
Name: GAINES, EILEEN R
Address: 4189 DAIRY CT. F
City-St-Zip: PORT ORANGE, FL 32127

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: EILEEN R. GAINES

MGR

04/23/2009

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