

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000025643

FILED
May 01, 2009
Secretary of State

Entity Name: LEXINGTON SECURITY GROUP LLC

Current Principal Place of Business:

2855 BAYSHORE TRAILS DRIVE
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

2855 BAYSHORE TRAILS DRIVE
TAMPA, FL 33611 US

New Mailing Address:

14781 MEMORIAL DRIVE
#2093
HOUSTON, TX 77079 US

FEI Number: 26-2242447 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
320 S. FLAMINGO ROAD
347
PEMBROKE PINES, FL 33027 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: FLINTER, EDWARD P
Address: 2855 BAYSHORE TRAILS DRIVE
City-St-Zip: TAMPA, FL 33611 US

Title: MGRM () Delete
Name: SHEEHAN, MICHAEL A
Address: 2855 BAYSHORE TRAILS DRIVE
City-St-Zip: TAMPA, FL 33611 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: SHEEHAN, MICHAEL A
Address: 150 EAST 85TH STREET, 12E
City-St-Zip: NEW YORK, NY 10028 US

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 P. FLINTER

MGRM

05/01/2009

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