2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2009
Secretary of State

DOCUMENT# L08000035158

Entity Name: GALAXY HOME SECURITY, LLC

Current Principal Place of Business:

847 SOUTH MAIN STREET
WILDWOOD, FL 34785

New Principal Place of Business:

Current Mailing Address:

847 SOUTH MAIN STREET
WILDWOOD, FL 34785

New Mailing Address:

FEI Number: 26-2363579 **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:

MUNZ, C S
847 SOUTH MAIN STREET
WILDWOOD, FL 34785 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	( ) Delete
Name:	MUNZ, C S	
Address:	847 SOUTH MAIN STREET	
City-St-Zip:	WILDWOOD, FL 34785	
Title:	MGR	( ) Delete
Name:	MANNS, DWAYNE	
Address:	847 SOUTH MAIN STREET	
City-St-Zip:	WILDWOOD, FL 34785	
Title:	MGR	( ) Delete
Name:	WEICHERZ, DARRELL	
Address:	847 SOUTH MAIN STREET	
City-St-Zip:	WILDWOOD, FL 34785	

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: C STEVEN MUNZ MGR 06/12/2009

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