

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000039568

Entity Name: D.A & K PATROLLING, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

523 NW 17TH AVE
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

6913 NORTH 20TH STREET
TAMPA, FL

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

Name and Address of New Registered Agent:

MCCRAY, ROBERTA
6913 NORTH 20TH STREET
TAMPA, FL 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DUBOSE, DESMOND J
Address: 523 NW 17TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: MGRM (X) Delete
Name: BROWN, ANTHONY R
Address: 1305 NW 3RD COURT
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: MGR () Delete
Name: WILBURN, KIMBERLY B
Address: 523 NW 17TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33311

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: KIMBERLY WILBURN

MGR

05/01/2009

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