

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000066405

**FILED**  
**Feb 03, 2012**  
**Secretary of State**

**Entity Name:** TSRE, LLC

**Current Principal Place of Business:**

2700 BUSINESS CENTER BLVD.  
MELBOURNE, FL 32940 US

**New Principal Place of Business:**

**Current Mailing Address:**

2700 BUSINESS CENTER BLVD.  
MELBOURNE, FL 32940 US

**New Mailing Address:**

**FEI Number:** 26-2954030

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KIRK, HALL W  
2700 BUSINESS CENTER BLVD.  
MELBOURNE, FL 32940 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  
Name: SENTRY VIEW SYSTEMS, INC.  
Address: 2700 BUSINESS CENTER BLVD  
City-St-Zip: MELBOURNE, FL 32940 US

Title: DIR  
Name: MASON, RAYMOND K SR  
Address: 2022 HENDRICKS AVE  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: DIR  
Name: TREVISANI, ROBERT A  
Address: 3350 SOUTHERN CAY DR.  
City-St-Zip: JUPITER, FL 32477 US

Title: CEO  
Name: GLOVER, JOHN  
Address: 2700 BUSINESS CENTER BLVD  
City-St-Zip: MELBOURNE, FL 32940

Title: CFO  
Name: HALL, KIRK  
Address: 2700 BUSINESS CENTER BLVD  
City-St-Zip: MELBOURNE, FL 32940

Title: PRES  
Name: THOMPSON, JUSTIN  
Address: 2700 BUSINESS CENTER BLVD  
City-St-Zip: MELBOURNE, FL 32940

I hereby 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: KIRK W HALL

CFO

02/03/2012

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