

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000069372

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** MIKE'S HOME WATCH SERVICE, LLC

**Current Principal Place of Business:**

JAMES MICHAEL HILLGROVE, SR.  
25815 HICKORY BLVD., UNIT TWO  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

25815 HICKORY BLVD.  
UNIT TWO  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

JAMES MICHAEL HILLGROVE, SR.  
25815 HICKORY BLVD., UNIT TWO  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

25815 HICKORY BLVD.  
UNIT TWO  
BONITA SPRINGS, FL 34134

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

HILLGROVE, SARA  
25815 HICKORY BLVD., UNIT TWO  
BONITA SPRINGS, FL 34134    US

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

HILLGROVE, SARA  
25815 HICKORY BLVD.  
UNIT TWO  
BONITA SPRINGS, FL 34134    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: SARA HILLGROVE

04/02/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HILLGROVE, JAMES MICHAEL SR.  
Address: 25815 HICKORY BLVD., UNIT TWO  
City-St-Zip: BONITA SPRINGS, FL 34134

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: JAMES MICHAEL HILLGROVE, SR.

MGR

04/02/2012

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