

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000105796

**FILED**  
**Feb 25, 2012**  
**Secretary of State**

**Entity Name:** ALARM FIRE SURVEILLANCE INTEGRATORS, LLC

**Current Principal Place of Business:**

1832 CAPITAL CIRCLE NE  
1  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 337  
CRAWFORDVILLE, FL 32326

**New Mailing Address:**

**FEI Number:** 26-3708341

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUNCAN, JOSEPH  
110 TAFF DRIVE  
CRAWFORDVILLE, FL 32327 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: DUNCAN, JOSEPH W  
Address: 110 TAFF DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

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: JOSEPH W DUNCAN

PRES

02/25/2012

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