

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110889

FILED
Mar 17, 2009
Secretary of State

Entity Name: ADVANCE WARNING & CAPTURE SECURITY "LLC"

Current Principal Place of Business:

6300 POMPANO DR
CLERMONT, FL 34714

New Principal Place of Business:

6300 POMPANO DR
CLERMONT, FL 34714 US

Current Mailing Address:

6300 POMPANO DR.
CLERMONT, FL 34714

New Mailing Address:

6300 POMPANO DR
CLERMONT, FL 34714 US

FEI Number: 01-0919394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALI, SHEIK S
6300 POMPANO DR.
CLERMONT, FL 34714 US

Name and Address of New Registered Agent:

ALI, SHEIK S MGR
6300 POMPANO DR.
CLERMONT, FL 34714 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: SHEIK.S.ALI

03/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALI, SHEIK S
Address: 6300 POMPANO DR
City-St-Zip: CLERMONT, FL 34714

Title: MGR () Delete
Name: ALI, SENITA
Address: 6300 POMPANO DR
City-St-Zip: CLERMONT, FL 34714

ADDITIONS/CHANGES:

Title: PD (X) Change () Addition
Name: ALI, SHEIK S PD
Address: 6300 POMPANO DR
City-St-Zip: CLERMONT, FL 34714 US

Title: SMGR (X) Change () Addition
Name: ALI, SENITA SMGR
Address: 6300 POMPANO DR
City-St-Zip: CLERMONT, FL 34714 US

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: SHEIK.S.ALI

PD

03/17/2009

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