

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000034512

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** ASSET PROTECTION SPECIALISTS LLC

**Current Principal Place of Business:**

11990 S EDGEWATER DR  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

12 MALL WAY  
MASHPEE, MA 02649

**New Mailing Address:**

**FEI Number:** 27-0175624

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEWIS, BRIAN  
11990 S EDGEWATER DR  
PALM BEACH GARDENS, FL 33410 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:** MGR  
**Name:** LEWIS, BRIAN  
**Address:** 127 GORDON AVE  
**City-St-Zip:** HYDE PARK, MA 02136

**Title:** MGRM  
**Name:** BURDEN, AMANDA  
**Address:** 11990 S EDGEWATER DR  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

**Title:** MGRM  
**Name:** BURDEN, CHRISTOPHER JR  
**Address:** 2276 BAY VILLAGE CT  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

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:** BRIAN LEWIS

MGR

03/18/2011

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