

2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or
After October 8, 1997. If Dissolved, Minimum Amount
Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT -6 AM 9:43

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee
\$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L96000001157

~~SECURE SEAL-ORLANDO, L.C.~~
~~1221 WEST COLONIAL DRIVE~~
~~SUITE 100~~
~~ORLANDO FL 32804~~

1a. Principal Place of Business Address

~~1221 WEST COLONIAL DRIVE~~
~~SUITE 100~~
~~ORLANDO FL 32804~~

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

Orlando Int'l Airport

Suite, Apt. #, etc.

9354 Airport Blvd.

City & State

Orlando, FL

Zip

32827

Country

USA

2a. Mailing Address

Secure Seal Orlando

Suite, Apt. #, etc.

600 W. Peachtree, Ste 1550

City & State

Atlanta, GA

Zip

30308

Country

USA

3. Date Organized or Qualified

11/01/1996

3a. State of Formation

FL

4. FEI Number

58-2334474

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

LONG, OMETRIAS D
1221 WEST COLONIAL DRIVE
SUITE 100
ORLANDO FL 32804

8. Name and Address of New Registered Agent

Name

Dean F. Moseley, Esq.

Street Address (P.O. Box Number is Not Acceptable)

47 East Robinson St.

Suite, Apt. #, etc.

Suite 211

City

Orlando

Zip Code

FL

32801

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10/2/97

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MEM **PRO-TECH BAG, INC.**

4040 SOUTH 84TH STREET

OMAHA NE

MEM **D.J. MILLER & ASSOCIAT**

600 W PEACHTREE ST SUITE 1

ATLANTA GA

MEM **USE, INC.**

1221 WEST COLONIAL DRIVE

ORLANDO FL 32804

-10/08/97--01085--005

******588.75 ****588.75**

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

David J. Miller