

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90072 024 \*\*\*\*50.00

**DOCUMENT # L99000000071**



1. Entity Name  
**STRONG-ARMORED COURIER SERVICES, L.C.**

Principal Place of Business  
**11 EGLIN PARKWAY #3  
FORT WALTON BEACH, FL 32548**

Mailing Address  
**P.O. BOX 5468  
DESTIN, FL 32540**

**24060827**



2. Principal Place of Business

3. Mailing Address  
**P.O. Box 4247**

04282004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**FORT WALTON BEACH**

4. FEI Number  
**59-3550909**

Applied For  
Not Applicable

Zip Country

Zip Country  
**32549**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGEE, DAVID L  
3 WEST GARDEN STREET, SUITE 700  
PENSACOLA, FL**

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **INTEGRATED FINANCIAL SYSTEMS, L.C.**  
STREET ADDRESS **11 EGLIN PARKWAY #3**  
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE **MEM** ☐ Delete  
NAME **INTEGRATED FINANCIAL SYSTEMS, L.C.**  
STREET ADDRESS **11 EGLIN PARKWAY #3**  
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I 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 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.

SIGNATURE: *Brad Fletcher* **BRAD FLETCHER** 4/28/04 850 244 5543  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #