

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000071

FILED  
Apr 06, 2009  
Secretary of State

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

**Current Principal Place of Business:**

130 STAFF DRIVE  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4247  
FORT WALTON BEACH, FL 32549

**New Mailing Address:**

**FEI Number:** 59-3550909

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCGEE, DAVID L  
3 WEST GARDEN STREET, SUITE 700  
PENSACOLA, FL 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 ( ) Delete  
Name: INTEGRATED FINANCIAL, SYSTEMS, L.C.  
Address: P.O. BOX 4247  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: MGR ( ) Delete  
Name: INTEGRATED FINANCIAL, SYSTEMS, L.C.  
Address: P.O. BOX 4247  
City-St-Zip: FORT WALTON BEACH, FL 32549

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BRADFORD FLETCHER

MR.

04/06/2009

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