

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 08, 2004 8:00 am
Secretary of State

06-04-2004 90272 017 *****5.00
07-08-2004 90011 029 *****50.00

DOCUMENT # L99000004726

1. Entity Name
LANCELOT SECURITY LLC.



Principal Place of Business
**900 E. INDIANTOWN ROAD, SUITE 216
JUPITER, FL 33477**

Mailing Address
**900 E. INDIANTOWN ROAD, SUITE 216
JUPITER, FL 33477**

DO NOT WRITE IN THIS SPACE



04072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0939639

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NEVES, TERRY A
900 E. INDIANTOWN ROAD, SUITE 216
JUPITER, FL 33477**

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NEVES, TERRY
900 E. INDIANTOWN ROAD, SUITE 216
JUPITER, FL 33477**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NEVES, ELIZABETH A
900 E. INDIANTOWN RD. SUITE 216
JUPITER, FL 33477**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #