

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L99000008045

1. Entity Name
CERTIFIED SECURITY SYSTEMS, LLC



Principal Place of Business

9456 PHILLIPS HIGHWAY, SUITE 7
JACKSONVILLE, FL 32256

Mailing Address

9456 PHILLIPS HIGHWAY, SUITE 7
JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 24 AM 9:14

01092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3609917

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STONEBURNER, GRESHAM R
841 PRUDENTIAL DRIVE
SUITE 1400
JACKSONVILLE, FL 32207

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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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HASSAN, JOE
STREET ADDRESS	9456 PHILLIPS HIGHWAY, SUITE 7
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	MGR
NAME	SHERIDAN, JOHN
STREET ADDRESS	2700 WEST CYPRESS CREEK ROAD C100
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400065098364
02/02/06--01036--023 **116.67

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IN THIS SPACE**

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02/02/06--01036--024 **116.68

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

1-12-06 904 680 3728