



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000008045		
1. Entity Name CERTIFIED SECURITY SYSTEMS, LLC		
Principal Place of Business 9456 PHILLIPS HIGHWAY, SUITE 7 JACKSONVILLE, FL 32256		Mailing Address 10365 HOOD RD. S. 209 JACKSONVILLE, FL 32257
DO NOT WRITE IN THIS SPACE		
		 01232008 No Chg-LLC CR2E083 (12/07)
4. FEI Number 59-3609917		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
STONEBURNER, GRESHAM R 841 PRUDENTIAL DRIVE SUITE 1400 JACKSONVILLE, FL 32207		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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HASSAN, JOE 9456 PHILLIPS HIGHWAY, SUITE 7 JACKSONVILLE, FL 32256	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHERIDAN, JOHN 2700 WEST CYPRESS CREEK ROAD C100 FORT LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
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: <u>Shaughn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<u>1/20/08</u> <u>904-680-3728</u> <small>Date Daytime Phone #</small>