

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000569

FILED
Feb 05, 2005
Secretary of State

Entity Name: SECURITY SERVICES OF AMERICA, LLC

Current Principal Place of Business:

5285 HWY 70 W
MOREHEAD CITY, NC 28557

New Principal Place of Business:

Current Mailing Address:

5285 HWY 70
MOREHEAD CITY, NC 28557

New Mailing Address:

FEI Number: 56-2181095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JURNEY, KENT
550 NW 42ND AVENUE, SUITE 207
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

JURNEY, KENT
782 NW 42ND AVENUE, SUITE 429
MIAMI, FL 33126 US

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: KENT JURNEY

02/05/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: STEVENS, JAMES C
Address: 5285 HWY 70
City-St-Zip: MOREHEAD CITY, NC 28557

Title: MGR () Delete
Name: WEATHERL, MICHAEL D
Address: 5285 HWY 70
City-St-Zip: MOREHEAD CITY, NC 28557

Title: MGR () Delete
Name: GILES, EERIK
Address: 3060 PEACHTREE RD NW, SUITE 780
City-St-Zip: ATLANTA, GA 30305

Title: MGR () Delete
Name: RICHARDSON, JOHN S
Address: 3060 PEACHTREE RD NW, SUITE 780
City-St-Zip: ATLANTA, GA 30305

ADDITIONS/CHANGES:

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

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

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 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 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: JAMES C. STEVENS

MR

02/05/2005

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