

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90023 003 ****50.00

DOCUMENT # M00000000569

1. Entity Name

SECURITY SERVICES OF AMERICA, LLC



Principal Place of Business

**5285 HWY 70
MOREHEAD CITY NC 28557**

Mailing Address

**1207-C ARENDELL STREET
MOREHEAD CITY NC 28557**

20066340

2. Principal Place of Business

3. Mailing Address

5285 Hwy 70

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Morehead City, NC

Zip

Country

28557

Country

USA

4. FEI Number **56-2181095**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
STEVENS, JAMES C
1207-C ARENDELL STREET
MOREHEAD CITY NC 28557** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
Stevens, James C
5285 Hwy 70
Morehead City, NC 28557** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FROST, STEVEN L
1207-C ARENDELL STREET
MOREHEAD CITY NC 28557** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
Weatherl Michael O.
5285 Hwy 70
Morehead City, NC 28557** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GILES, EERIK
3060 PEACHTREE RD NW, SUITE 780
ATLANTA GA 30305** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RICHARDSON, JOHN S
3060 PEACHTREE RD NW, SUITE 780
ATLANTA GA 30305** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Signature: [Signature] L. Mayzik 2/3/03 8775836267

CR2E083 (10/02)