

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # M01000000333**

1. Entity Name  
SENTINEL OFFENDER SERVICES, LLC



Principal Place of Business

220 TECHNOLOGY DR., STE. 200  
IRVINE, CA 92618

Mailing Address

220 TECHNOLOGY DR., STE. 200  
IRVINE, CA 92618

**FILED**  
**Jul 27, 2004 08:00 AM**  
**Secretary of State**



07162004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

33-0929945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CONTESTABILE, ROBERT A
STREET ADDRESS	220 TECHNOLOGY DR., STE. 200
CITY-ST-ZIP	IRVINE, CA 92618

TITLE	
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000000168534  
07/27/04-80003-019 50.00

**DO NOT WRITE  
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 #