

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000002502

1. Entity Name
**FORENSIC EVIDENCE PROPERTY STORAGE OF NORTH
AMERICA, LLC**



Principal Place of Business

**105 MAIN STREET
HACKENSACK, NJ 07601**

Mailing Address

**105 MAIN STREET
HACKENSACK, NJ 07601**

DO NOT WRITE IN THIS SPACE



01162004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
22-3753689

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VALLAS, PETER R
3546 SOUTH OCEAN BOULEVARD, APT. 724
PALM BEACH, FL 33480**

**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 May 1, 2004**

000000039701

02/09/04-80016-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
VALLAS, PETER S
105 MAIN STREET
HACKENSACK, NJ 07601**

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CITY-ST-ZIP

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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:

Peter S. Vallas, President

1/28/04 (201) 487-8901 x12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #