

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2006 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



01042006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MGRM

VALLAS, PETER S

105 MAIN STREET

HACKENSACK, NJ 07601

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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IN THIS SPACE**

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01/24/06-80032-022 \$0.00

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:

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

Day

Daytime Phone #