

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000002502

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

91 MYER STREET  
HACKENSACK, NJ 07601

**New Principal Place of Business:**

**Current Mailing Address:**

91 MYER STREET  
HACKENSACK, NJ 07601

**New Mailing Address:**

**FEI Number:** 22-3753689

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VALLAS, PETER S  
Address: 91 MYER STREET  
City-St-Zip: HACKENSACK, NJ 07601

I hereby 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: PETER S. VALLAS

MGRM

01/03/2011

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