

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000006930

Entity Name: SECURITY TAGS, LLC

**FILED**  
**Mar 27, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

735 NE 19TH PLACE, SUITE 17  
CAPE CORAL, FL 33909

**New Principal Place of Business:**

**Current Mailing Address:**

735 NE 19TH PLACE, SUITE 17  
CAPE CORAL, FL 33909

**New Mailing Address:**

FEI Number: 20-3908159

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZEIFF, MICHAEL G  
735 NE 19TH PLACE, SUITE 17  
CAPE CORAL, FL 33909 US

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

GOLDMAN, BENJAMIN B  
735 NE 19TH PLACE, SUITE 17  
CAPE CORAL, FL 33909 US

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: BENJAMIN B GOLDMAN

03/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CATOR HOLDINGS, LLC,  
Address: 735 NE 19TH PLACE, SUITE 17  
City-St-Zip: CAPE CORAL, FL 33909

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: MICHAEL ZEIFF

MGRM

03/27/2007

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