2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001235

Entity Name: ALLEGIANCE SECURITY GROUP, LLC

FILED Mar 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2900 ARENDELL ST., SUITE 18 MOREHEAD CITY, NC 28557

Current Mailing Address: New Mailing Address:

2900 ARENDELL ST., SUITE 18 MOREHEAD CITY, NC 28557

FEI Number: 20-8245877 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

MANAGING MEMBERS/MANAGERS:

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

Electronic dignatare of registered / (

ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: ELIAS, JON E Name: ELIAS, JON È

Address: 2665 S. BAYSHORE DRIVE, SUITE 800 Address: 550 SOUTH DIXIE HIGHWAY, SUITE 300

City-St-Zip: MIAMI, FL 33133 City-St-Zip: CORAL GABLES, FL 33146

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: TEMPLETON, TROY D Name: TEMPLETON, TROY D

Address: 2665 S. BAYSHORE DRIVE, SUITE 800 Address: 550 SOUTH DIXIE HIGHWAY, SUITE 300

City-St-Zip: MIAMI, FL 33133 City-St-Zip: CORAL GABLES, FL 33146

Title: MGR () Delete Title: () Change () Addition

 Name:
 STEVENS, JAMES C
 Name:

 Address:
 2900 ARENDELL ST., SUITE 18
 Address:

 City-St-Zip:
 MOREHEAD CITY, NC 28557
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KAREN A. MCCABE AR 03/27/2009