

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001332

FILED  
Mar 22, 2012  
Secretary of State

**Entity Name:** AMERICAN SECURITY & INVESTIGATIONS, L.L.C.

**Current Principal Place of Business:**

1717 UNIVERSITY AVE WEST  
ST PAUL, MN 55104

**New Principal Place of Business:**

**Current Mailing Address:**

1717 UNIVERSITY AVE WEST  
ST PAUL, MN 55104

**New Mailing Address:**

FEI Number: 04-3700153

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR  
Name: MINGO, GUY  
Address: 380 ST PETER STREET, SUITE 603  
City-St-Zip: ST PAUL, MN 55102

Title: MGR  
Name: KLEIN, STEVEN  
Address: 1717 UNIVERSITY AVE WEST  
City-St-Zip: ST PAUL, MN 55104

Title: MGR  
Name: REID, CHRISTOPHER W  
Address: 380 ST PETER STREET, SUITE 603  
City-St-Zip: ST PAUL, MN 55102

Title: MGR  
Name: FLOM, CRAIG  
Address: 10350 BREN ROAD WEST  
City-St-Zip: MINNETONKA, MN 55343

Title: MGR  
Name: MORANTZ, SITA  
Address: 380 ST PETER STREET, SUITE 603  
City-St-Zip: ST PAUL, MN 55102

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: CHRISTOPHER W. REID

MGR

03/22/2012

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