2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 15, 2009
Secretary of State

DOCUMENT# M08000003185

Entity Name: DOYON SECURITY SERVICES LLC

Current Principal Place of Business:

3399 NW 72ND AVE
BUILDING A SUITE 219-220
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

1359 N 205TH ST, STE B
SHORELINE, WA 98133

New Mailing Address:

33810 WEYERHAEUSER WAY S STE 100
FEDERAL WAY, WA 98001

FEI Number: 75-3127402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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 (X) Delete
Name: MEISNER, BRENT
Address: 1359 N 205TH ST, STE B
City-St-Zip: SHORELINE, WA 98133

Title: MGR ( ) Delete
Name: ALLEN, GARY
Address: 1359 N 205TH ST, STE B
City-St-Zip: SHORELINE, WA 98133

ADDITIONS/CHANGES:

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

Title: DIR (X) Change ( ) Addition
Name: ALLEN, GARY
Address: 33810 WEYERHAEUSER WAY S #100
City-St-Zip: FEDERAL WAY, WA 98133

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: GARY ALLEN DIR 05/15/2009

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