


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
92 APR 30 AM 11:32

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$ 188.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M97000000708**

SECURITY CHECK, LLC  
~~2612-C JACKSON AVE~~  
OXFORD MS 38655

94AR CM

1a. Principal Place of Business Address

~~2612-C JACKSON AVE~~  
OXFORD MS 38655

2. Principal Place of Business

2612 Jackson Ave. W.  
Suite, Apt. #, etc.

2a. Mailing Address

2612 Jackson Ave. W.  
Suite, Apt. #, etc.

3. Date Organized or Qualified

10/28/1997

3a. State of Formation

MS

4. FEI Number

64-0861640

☐ Applied For

☐ Not Applicable

5. Date of Last Report

03/23/1998

6. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

C T CORPORATION SITE, M  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (PSE) (Registered Agent Signature required before recording)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MBR	LEWIS, JOHN	<del>2612-C JACKSON AVE. W.</del>	OXFORD MS
MBR	ALIAS, WILLIAM III	<del>2612-C JACKSON AVE. W.</del>	OXFORD MS
MBR	ALIAS, WILLIAM JR.	<del>2612-C JACKSON AVE. W.</del>	OXFORD MS
<del>MGR</del>	<del>EWING, MORRIS</del>	<del>1950 N. PARK PLACE, STE 12</del>	<del>ATLANTA GA</del>
MBR	Wadlington, David C.	2612 Jackson Ave. W.	Oxford, MS

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\*\*\*\*188.75 \*\*\*\*188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OF PHILIP (NAME OF SECRETARY, MANAGER, MEMBER OR MEMBER)

(800)  
4/15/99 634-4484