

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000708

Entity Name: SECURITY CHECK, LLC

FILED
Mar 11, 2008
Secretary of State

Current Principal Place of Business:

2612 JACKSON AVE. W.
OXFORD, MS 38655

New Principal Place of Business:

Current Mailing Address:

2612 JACKSON AVE. W.
OXFORD, MS 38655

New Mailing Address:

POST OFFICE BOX 1211
OXFORD, MS 38655

FEI Number: 64-0861640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGRM () Delete
Name: LEWIS, JOHN H
Address: 2612 JACKSON AVE. W.
City-St-Zip: OXFORD, MS 38655

Title: MGR () Delete
Name: ALIAS, WILLIAM III
Address: 2612 JACKSON AVE. W.
City-St-Zip: OXFORD, MS 38655

Title: MGR () Delete
Name: ALIAS, WILLIAM JR.
Address: 2612 JACKSON AVE. W.
City-St-Zip: OXFORD, MS 38655

ADDITIONS/CHANGES:

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

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

Title: () Change () Addition
Name:
Address:
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: JOHN H. LEWIS

MEMB

03/11/2008

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