

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M98000001092

**FILED**  
**Jan 04, 2008**  
**Secretary of State**

**Entity Name:** OLDSMAR FIRE SERVICES, L.L.C.

**Current Principal Place of Business:**

3691 STATE ROAD 580 WEST  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

3691 STATE ROAD 580 WEST  
OLDSMAR, FL 34677

**New Mailing Address:**

**FEI Number:** 58-2416388

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** (X)

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

CROWLEY, TED P  
2417 NAVAREZ AVE.  
SAFETY HARBOR, FL 34695 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:** CROWLEY, TED P  
**Address:** 2417 NAVAREZ AVE.  
**City-St-Zip:** SAFETY HARBOR, FL 34695

**ADDITIONS/CHANGES:**

**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:** TED P. CROWLEY

PRES

01/04/2008

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