

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M98000001092

**FILED**  
**Jan 05, 2012**  
**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 ( )**

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

**Title:** MGR  
**Name:** COLBERT, THOMAS A V.P.  
**Address:** 336 4TH AVENUE N.  
**City-St-Zip:** SAFETY HARBOR, FL 34695

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:** TED P. CROWLEY

PRES

01/05/2012

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