

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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Entity Name
SECURITY & DATA SOLUTIONS, LLC

Principal Place of Business
**12375 WEST SAMPLE RD
 COMPTON BEACH, FL 33065**

Mailing Address
**23423 SERENE MEADOW DRIVE SOUTH
 BOCA RATON, FL 33428**



Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232006 Chg-LLC CR2E083 (11/05)

4. FEI Number
02-0561009

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHULMAN, NORMAN R
 23423 SERENE MEADOWS DR. S.
 BOCA RATON, FL 33428**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

MANAGING MEMBERS/MANAGERS			ADDITIONS/CHANGES		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	MGRM	SCHULMAN, NORMAN			
		23423 SERENE MEADOWS DR. S.			
		BOCA RATON, FL 33428			
	MGRM	HATTON, KEVIN			
		6865 NW 75TH CT			
		PARKLAND, FL 33067			

1000001398342
 01/30/06-80092-001 50.00

I, the undersigned, hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this 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 908, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Handwritten Signature]
 Norman R Schulman 1/23/06 521477