

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90126 003 ***138.75

DOCUMENT # L04000040177

1. Entity Name
NATIONAL SECURITY SERVICES, LLC



Principal Place of Business
100 S. BISCAYNE BLVD., STE. #900
MIAMI, FL 33131

Mailing Address
100 S. BISCAYNE BLVD., STE. #900
MIAMI, FL 33131

00067390



02192008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1179638

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSENTHAL, KERRY E ESQ
2875 NE 191ST STREET, STE. 500
AVENTURA, FL 33180

**DO NOT WRITE
IN THIS SPACE**

8. 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 reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
HOLLO, TIBOR
100 S BISCAYNE BLVD STE 900
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
HOLLO, WAYNE
100 S. BISCAYNE
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
HOLLO, JEROME
100 S BISCAYNE BLVD
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
KATZ, LEONARD
100 S BISCAYNE BLVD
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #