

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000100901

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: DUCATUS SECURITY AND TACTICAL ADVISORY, LLC

**Current Principal Place of Business:**

1510 BAY ROAD  
SUITE 702  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 190643  
MIAMI BEACH, FL 33119 US

**New Mailing Address:**

FEI Number: 26-0139894

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEWIS, TYSON C  
1510 BAY ROAD  
SUITE 702  
MIAMI BEACH, FL 33139 US

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

LIMITED AGENT SERVICES, LLC  
11900 BISCAYNE BLVD.  
SUITE 280  
MIAMI, FL 33181 US

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: STEFANIE BLACK LEWIS

04/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEWIS, TYSON C  
Address: 1510 BAY ROAD, SUITE 702  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: MORENO, PETER J JR  
Address: 1508 BAY ROAD, SUITE 645  
City-St-Zip: MIAMI BEACH, FL 33139

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: TYSON C. LEWIS

MGRM

04/29/2008

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