

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

10 JUN -2 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|   |   |  |
|---|---|--|
| <b>DOCUMENT # L08000055933</b><br>1. Entity Name<br>PATROL SECURITY FORCE LLC                                     |   |  |
| Principal Place of Business<br>10924 SW 156 TERR<br>MIAMI, FL 33157   | Mailing Address<br>10924 SW 156 TERR<br>MIAMI, FL 33157                           |  |
| 2. Principal Place of Business - No P.O. Box #<br>3001 N.W. So. River Drive<br><small>Suite, Apt. #, etc.</small> | 3. Mailing Address<br>10924 SW. 156 Terrace<br><small>Suite, Apt. #, etc.</small> |  |
| City & State<br>MIAMI, FLORIDA  |   | City & State<br>MIAMI FLORIDA  |
| Zip<br>33142  | Country<br>USA  | Zip<br>33157   |
| 4. FEI Number<br>26-2752783   |   | Applied For<br><input type="checkbox"/> Not Applicable   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | \$5.00 Additional Fee Required   |
| 6. Name and Address of Current Registered Agent<br>MONFLEURY, PIERRE E<br>10924 SW 156 TERR<br>MIAMI, FL 33157    |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |



05202010 Chg-LLC CR2E083 (11/08)

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|--|--|
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| 6. Name and Address of Current Registered Agent<br>MONFLEURY, PIERRE E<br>10924 SW 156 TERR<br>MIAMI, FL 33157                   |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                    |  |  |
|------------------------------------|--|--|
| <b>FILE NOW!!! FEE IS \$138.75</b> |  | Make check payable to<br>Florida Department of State |
|------------------------------------|--|--|

| 9. MANAGING MEMBERS/MANAGERS |                             |                                 | 10. ADDITIONS/CHANGES |   |   |
|------------------------------|-----------------------------|---------------------------------|-----------------------|---|---|
| TITLE                        | MGRM<br>PIERRE E. MONFLEURY | <input type="checkbox"/> Delete | TITLE                 | 500181628545<br>06/02/10--01033--005 **143.75 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | PIERRE E. MONFLEURY         |                                 | NAME                  |   |   |
| STREET ADDRESS               | 10924 SW 156 TERR           |                                 | STREET ADDRESS        |   |   |
| CITY-ST-ZIP                  | MIAMI, FL 33157             |                                 | CITY-ST-ZIP           |   |   |
| TITLE                        | MGRM                        | <input type="checkbox"/> Delete | TITLE                 |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | MARIE T. MONFLEURY          |                                 | NAME                  |   |   |
| STREET ADDRESS               | 10924 SW 156 TERR           |                                 | STREET ADDRESS        |   |   |
| CITY-ST-ZIP                  | MIAMI, FL 33157             |                                 | CITY-ST-ZIP           |   |   |
| TITLE                        |                             | <input type="checkbox"/> Delete | TITLE                 |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                             |                                 | NAME                  |   |   |
| STREET ADDRESS               |                             |                                 | STREET ADDRESS        |   |   |
| CITY-ST-ZIP                  |                             |                                 | CITY-ST-ZIP           |   |   |
| TITLE                        |                             | <input type="checkbox"/> Delete | TITLE                 |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                             |                                 | NAME                  |   |   |
| STREET ADDRESS               |                             |                                 | STREET ADDRESS        |   |   |
| CITY-ST-ZIP                  |                             |                                 | CITY-ST-ZIP           |   |   |

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: Pierre E. Monfleury DATE: 5-26-2010

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 20, 2010

PATROL SECURITY FORCE LLC  
10924 SW 156 TERR  
MIAMI, FL 33157

SUBJECT: PATROL SECURITY FORCE LLC  
Ref. Number: L08000055933

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock

Registration/Qualification Section  
Division of Corporations Letter Number: 610A00012841

ENCLOSURE