

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084149

FILED
Apr 20, 2009
Secretary of State

Entity Name: SECURITY ALLIANCE FOR EFFECTIVE SOLUTIONS, LLC

Current Principal Place of Business:

650 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

8014 STATE LINE ROAD
SUITE #203
LEAWOOD, KS 66208 US

New Mailing Address:

FEI Number: 26-0723678 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MERLO, ANDREW
6070 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33487 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 () Delete
Name: DELGADO, HECTOR J
Address: 230 RIDGE ROAD
City-St-Zip: JUPITER, FL 33477 US

Title: MGRM () Delete
Name: BIENKOWSKI, STEVEN
Address: 3025 BATTON ROAD
City-St-Zip: BROOKSVILLE, FL 34602 US

Title: MGRM () Delete
Name: RAMIREZ, JOHN S
Address: 201 MAYBURY AVE.
City-St-Zip: STATEN ISLAND, NY 10308 US

ADDITIONS/CHANGES:

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

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

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

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: HECTOR DELGADO

MGR

04/20/2009

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