

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000033701

**Entity Name:** ENGINEERING & SECURITY SOLUTIONS, LLC

**Current Principal Place of Business:**

5161 NW 79TH AV.  
UNIT 1  
DORAL, FL 33166

**FILED**  
**Jan 23, 2023**  
**Secretary of State**  
**2922145132CC**

**Current Mailing Address:**

5161 NW 79TH AV.  
UNIT 1  
DORAL, FL 33166 US

**FEI Number:** 20-8754215

**Certificate of Status Desired:** Yes

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

CASINI, OBERDAN P  
5161 NW 79TH AV.  
UNIT 1  
DORAL, FL 33166 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:** OBERDAN P. CASINI

01/23/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title: CEO  
Name: CASINI, OBERDAN P  
Address: 5161 NW 79TH AV. UNIT 1  
City-State-Zip: DORAL FL 33166

Title: AUTHORIZED/LEGAL REPRESENTATIVE  
Name: PADRON-PARDO, FABIOLA  
Address: 5161 NW 79TH AV. UNIT 1  
City-State-Zip: DORAL FL 33166

Title: COO  
Name: CRUZ, OSCAR A  
Address: 5161 NW 79TH AV. UNIT 1  
City-State-Zip: DORAL FL 33166

Title: CFO  
Name: MORA, CESAR A  
Address: 5161 NW 79TH AV. UNIT 1  
City-State-Zip: DORAL FL 33166

Title: LEGAL REPRESENTATIVE  
Name: BECERRA, JONATHAN A  
Address: 5161 NW 79TH AV. UNIT 1  
City-State-Zip: DORAL FL 33166

Title: TREASURER  
Name: BRUTTINI, ALESSANDRO  
Address: 5161 NW 79TH AV. UNIT 1  
City-State-Zip: DORAL FL 33166

Title: ACCOUNTING DIRECTOR  
Name: NIETO, CARLA  
Address: 5161 NW 79TH AV. UNIT 1  
City-State-Zip: DORAL FL 33166

Title: CAO  
Name: SAENZ, JOSE H  
Address: 5161 NW 79TH AV. UNIT 1  
City-State-Zip: DORAL FL 33166

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*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** OBERDAN PADRON CASINI

CEO

01/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title CMO  
Name CASINI, NAIGTH G  
Address 5161 NW 79TH AV.  
UNIT 1  
City-State-Zip: DORAL FL 33166

Title AUTHORIZED REPRESENTATIVE  
Name CASINI, VERONICA  
Address 5161 NW 79TH AV.  
UNIT 1  
City-State-Zip: DORAL FL 33166