

2019 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
Apr 09, 2019
Secretary of State
5684407745CC

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

04/09/2019

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: LEGAL REPRESENTATIVE
Name: 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: AUTHORIZED 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, ALBERTO R
Address: 5161 NW 79TH AV.
UNIT 1
City-State-Zip: DORAL FL 33166

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 P CASINI

CEO

04/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date