

2024 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**Current Mailing Address:**5161 NW 79TH AV.
UNIT 1
DORAL, FL 33166 US**FEI Number:** 20-8754215**Certificate of Status Desired:** No**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

02/13/2024

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 COO
Name CRUZ, OSCAR 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 CAO
Name SAENZ, JOSE H
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 CFO
Name NIETO, CARLA
Address 5161 NW 79TH AV.
UNIT 1
City-State-Zip: DORAL FL 33166

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

Title CMO
Name CASINI, NAIGTH G
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 CASINI

CEO

02/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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