

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000012589

**Entity Name:** ALEXANDER SECURITY AND PROTECTION LLC.**Current Principal Place of Business:**194 SAVANNAH PARK LOOP  
CASSELBERRY, FL 32707**Current Mailing Address:**PO BOX 520808  
LONGWOOD, FL 32750 US**FEI Number:** 27-1901817**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LI, JAMES M  
194 SAVANNAH PARK LOOP  
CASSELBERRY, FL 32707 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:** JAMES M LI

04/28/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	PRINCIPLE
Name	LI, JAMES M
Address	194 SAVANNAH PARK LOOP
City-State-Zip:	CASSELBERRY FL 32707

Title	AUTHORIZED MEMBER
Name	LI, JENNIFER MS.
Address	PO BOX 520808
City-State-Zip:	LONGWOOD FL 32750

Title	DIRECTOR OF OPERATIONS
Name	LI, JAMES M
Address	194 SAVANNAH PARK LOOP
City-State-Zip:	CASSELBERRY FL 32707

Title	DIRECTOR OF SALES AND MARKETING
Name	JOHNSON, WARREN SCOTT
Address	194 SAVANNAH PARK LOOP
City-State-Zip:	CASSELBERRY FL 32707

Title	SERVICE DIRECTOR
Name	LANGENBACH, RICHARD MATTHEW
Address	194 SAVANNAH PARK LOOP
City-State-Zip:	CASSELBERRY FL 32707

*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:** JENNIFER LI

AUTHORIZED MEMBER

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date