

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000012589

Entity Name: ALEXANDER SECURITY AND PROTECTION LLC.**Current Principal Place of Business:**117 N. SCOTT AVE
SANFORD, FL 32771**Current Mailing Address:**117 N. SCOTT AVE
SANFORD, FL 32771 US**FEI Number:** 27-1901817**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LI, JAMES M
117 N. SCOTT AVE
SANFORD, FL 32771 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

02/24/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	PRINCIPLE	Title	AUTHORIZED MEMBER
Name	LI, JAMES M	Name	LI, JENNIFER MS.
Address	117 N. SCOTT AVE	Address	117 N. SCOTT AVE
City-State-Zip:	SANFORD FL 32771	City-State-Zip:	SANFORD FL 32771
Title	DIRECTOR OF OPERATIONS	Title	DIRECTOR OF SALES AND MARKETING
Name	LI, JAMES M	Name	JOHNSON, WARREN SCOTT
Address	117 N. SCOTT AVE	Address	117 N. SCOTT AVE
City-State-Zip:	SANFORD FL 32771	City-State-Zip:	SANFORD FL 32771
Title	SERVICE DIRECTOR		
Name	LANGENBACH, RICHARD MATTHEW		
Address	117 N. SCOTT AVE		
City-State-Zip:	SANFORD FL 32771		

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

02/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date