

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000026720

**Entity Name:** EAGLEMASTER SECURITY LLC

**Current Principal Place of Business:**

1680 SW BAYSHORE BLVD  
PORT ST. LUCIE, FL 34984

**Current Mailing Address:**

P.O BOX 8674  
PORT ST. LUCIE, FL 34985

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

FRANCOIS, PAUL A  
1680 SW BAYSHORE BLVD  
PORT ST. LUCIE, FL 34984 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name LA CALANDRA, KURT J  
Address 4565 SW WABASH STREET  
City-State-Zip: PORT ST LUCIE FL 34953

Title MANAGER  
Name FRANCOIS, PAUL A  
Address 1680 SW BAYSHORE BLVD  
City-State-Zip: PORT ST LUCIE FL 34984

Title MANAGER  
Name ROCHEBRUN, AUDELIN  
Address 2804 SE EAGLE DRIVE  
City-State-Zip: PORT ST LUCIE FL 34984

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL A. FRANCOIS

MANAGER

05/02/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date