| FEI Number: Name and Ac | 27-2686765 Idress of Current Registered Agent: | Certificate of Status Desi | i red: No | | |
|--|---|----------------------------|--|------------|--|
| TAYLOR, ROBER 455 NE 5TH AVE SUITE D-358 DELRAY BEACH The above named of | | ered office or regis | stered agent, or both, in the State of Flo | rida. | |
| SIGNATURE: | ROBERT TAYLOR | | | 06/25/2020 | |
| | Electronic Signature of Registered Agent | | | Date | |
| Authorized Person(s) Detail : | | | | | |
| Title | MGRM | Title | MGRM | | |
| Name | TAYLOR, ROBERT | Name | TAYLOR, ELENI | | |

Address

City-State-Zip:

| 2020 FLORIDA LIMITED LIABILITY COMPA | |
|--------------------------------------|------------------|
| | NT ANNUAL REPORT |

DOCUMENT# L10000055976

Entity Name: SECURITY SERVICES INTERNATIONAL ASSOCIATES LLC

Current Principal Place of Business:

455 NE 5TH AVE SUITE D-358 DELRAY BEACH, FL 33483

Current Mailing Address:

12547 W. BIG HORN CIRCLE BROOMFIELD, CO 80021 US

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455 NE 5TH AVE

DELRAY BEACH FL 33483

SUITE D-358

Address

City-State-Zip:

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: ROBERT TAYLOR

MGRM

06/25/2020

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jun 25, 2020 Secretary of State 6026194842CC

455 NE 5TH AVE

DELRAY BEACH FL 33483

SUITE D-358

Date