

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000125077

**Entity Name:** SPECIALIZED PROTECTION SERVICES, LLC

**Current Principal Place of Business:**

39 NW 166 STREET STE. #4  
MIAMI, FL 33169

**Current Mailing Address:**

PO BOX 612396  
N. MIAMI, FL 33261

**FEI Number:** 27-4155715

**Certificate of Status Desired:** No

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

BRILLANT, AMANDA  
39 NW 166 STREET STE. #4  
MIAMI, FL 33169 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 MGRM  
Name BRILLANT, AMANDA N  
Address 16830 NE 8 CT  
City-State-Zip: MIAMI FL 33162

*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:** AMANDA BRILLANT

**PRESIDENT**

**04/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date