

2014 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: Yes

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

MGRM

01/14/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date