

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000020506

**Entity Name:** I.F.W.SECURITY, LLC

**Current Principal Place of Business:**

59 HOBLEY AVE  
GRETNA, FL 32332

**FILED**  
**Jun 30, 2020**  
**Secretary of State**  
**0059422148CC**

**Current Mailing Address:**

P.O. BOX 2363  
QUINCY, FL 32353

**FEI Number:** 27-5052135

**Certificate of Status Desired:** No

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

WEEKS, KAMERON O  
59 HOBLEY AVE  
GRETNA, FL 32332 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 ISAAC, MICHAEL A.  
Address POST OFFICE BOX 2363  
City-State-Zip: QUINCY FL 32353

Title MGRM  
Name FAISON, SHANNON D  
Address POST OFFICE BOX 2363  
City-State-Zip: QUINCY FL 32353

Title MGRM  
Name WEEKS, KAMERON O  
Address POST OFFICE BOX 2363  
City-State-Zip: QUINCY FL 32353

*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:** KAMERON WEEKS

MGRM

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date