

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000060469

**Entity Name:** FLORIDA SECURITY ALARMS, LLC

**Current Principal Place of Business:**

1270 N WICKHAM ROAD  
SUITE 16-801  
MELBOURNE, FL 32935

**Current Mailing Address:**

1270 N WICKHAM ROAD  
SUITE 16-801  
MELBOURNE, FL 32935

**FEI Number:** 46-2626692

**Certificate of Status Desired:** Yes

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

RIPOSTA, SAMUEL  
4314 BROWNING LANE  
ROCKLEDGE, FL 32955 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 RIPOSTA, SAMUEL J  
Address 4314 BROWNING LANE  
City-State-Zip: ROCKLEDGE FL 32955

Title MGRM  
Name RIPOSTA, SAMUEL L  
Address 4314 BROWNING LANE  
City-State-Zip: ROCKLEDGE FL 32955

Title MGRM  
Name RIPOSTA, ELLEN  
Address 4314 BROWNING LANE  
City-State-Zip: ROCKLEDGE FL 32955

*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:** ELLEN RIPOSTA

**MANAGING MEMBER**

**03/26/2014**

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

\_\_\_\_\_  
Date