

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000043962

**Entity Name:** GABLES SECURITY SERVICES L.L.C.

**Current Principal Place of Business:**

7442 NW 8TH ST  
MIAMI, FL 33126

**Current Mailing Address:**

6831 SW 5TH TERR  
MIAMI, FL 33144 US

**FEI Number:** 46-5086606

**Certificate of Status Desired:** No

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

AJC BOOKKEEPING & INCOME TAX SERVICES LLC  
7442 NW 8 ST  
MIAMI, FL 33126 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 MGR  
Name RODRIGUEZ, CHRISTOPHER L  
Address 6841 SW 5 TERR  
City-State-Zip: MIAMI FL 33144

*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:** CHRISTOPHER L RODRIGUEZ

MGR

05/01/2015

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

\_\_\_\_\_  
Date