

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000165553

**Entity Name:** KEYS BLUE SECURITY LLC

**Current Principal Place of Business:**

581 BRANTLEY TER WAY  
UNIT 206  
ALTAMONTE SPRING, FL 32714

**Current Mailing Address:**

581 BRANTLEY TER WAY  
UNIT 206  
ALTAMONTE SPRING, FL 32714

**FEI Number:** 47-2052108

**Certificate of Status Desired:** No

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

DADE, SAMUEL III  
581 BRANTLEY TER WAY  
UNIT 206  
ALTAMONTE SPRINGS, FL 32714 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 AUTHORIZED MEMBER  
Name DADE, SAMUEL III  
Address 4314 KEY BISCAYNE LANE APT. 3228  
City-State-Zip: WINTER PARK FL 32792

Title AUTHORIZED MEMBER  
Name FOSTER, TAMEKA  
Address 7939 HAWK CREST LANE  
City-State-Zip: ORLANDO FL 32818

Title AUTHORIZED MEMBER  
Name GRANT, LOWELL  
Address 8808 IRMA STONE WAY  
City-State-Zip: ORLANDO FL 32817

Title AUTHORIZED MEMBER  
Name KINNARD, ASHLEY  
Address 580 BRANTLEY TERRACE WAY APT.  
206  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** TAMEKA FOSTER

**MEMBER**

**04/14/2015**

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

\_\_\_\_\_  
Date