

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000031786

**Entity Name:** OP4 SECURITY SOLUTIONS LLC

**Current Principal Place of Business:**

9044 NW 45TH CT  
SUNRISE, FL 33351

**Current Mailing Address:**

9044 NW 45TH CT  
SUNRISE, FL 33351 US

**FEI Number:** 47-3239105

**Certificate of Status Desired:** No

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

LEGALINC CORPORATE SERVICES, INC.  
5237 SUMMERLIN COMMONS  
SUITE 400  
FORT MYERS, FL 33907 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	OWNER	Title	COO
Name	WEEDMAN, ANTHONEYL	Name	WEEDMAN, JOSEPH M
Address	9044 NW 45TH CT	Address	9044 NW 45TH CT
City-State-Zip:	SUNRISE FL 33351	City-State-Zip:	SUNRISE FL 33351

*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:** ANTHONEYL WEEDMAN

**OWNER**

**03/07/2018**

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

\_\_\_\_\_  
Date