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: RAUL VALDES

Electronic Signature of Signing Authorized Person(s) Detail

# **FEI Number: APPLIED FOR**

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

VALDES, RAUL 20129 NW 57 PL MIAMI, FL 33015 US

20129 NW 57 PL MIAMI, FL 33015 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.

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title	PRESIDENT
Name	VALDES, RAUL
Address	20129 NW 57 PL
City-State-Zip:	MIAMI FL 33015

PRESIDENT

04/29/2021

FILED Apr 29, 2021 Secretary of State 3210501472CC

Certificate of Status Desired: No

04/29/2021 Date

Date

# 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L15000044784

## Entity Name: NETWORK AND SURVEILLANCE SOLUTIONS LLC

## **Current Principal Place of Business:**

20129 NW 57 PL MIAMI, FL 33015

**Current Mailing Address:**