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: DAMON R TARQUINIO MANAGING MEMBER

Current Principal Place of Business:

Entity Name: MODULAR SECURITY AND CONTROLS LLC

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

6621 HORNED OWL PL SARASOTA, FL 34241

Current Mailing Address:

6621 HORNED OWL PL SARASOTA, FL 34241 US

DOCUMENT# L18000047910

FEI Number: 82-4570731

Name and Address of Current Registered Agent:

TARQUINIO, DAMON R 6621 HORNED OWL PL SARASOTA, FL 34241 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

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	TARQUINIO, DAMON R	Name	TARQUINIO, DONNA L
Address	6621 HORNED OWL PL	Address	6621 HORNED OWL PL
City-State-Zip:	SARASOTA FL 34241	City-State-Zip:	SARASOTA FL 34241

Electronic Signature of Signing Authorized Person(s) Detail	

Certificate of Status Desired: No

FILED Apr 26, 2021 Secretary of State 8613534219CC

04/26/2021

Date

Date