

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000486953

**Entity Name:** BROTHERS ALLIANCE PROTECTIVE SERVICES LLC

**Current Principal Place of Business:**

8660 NW 40TH ST  
60  
CORAL SPRINGS , FL 33065

**Current Mailing Address:**

8660 NW 40TH ST  
60  
CORAL SPRINGS , FL 33065 US

**FEI Number:** 87-3747318

**Certificate of Status Desired:** Yes

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

EWING, LEENARD  
6100 S FALLS CIRCLE DR APT 214  
LAUDERHILL, FL 33319 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	AMBR	Title	AMBR
Name	EWING, LEENARD	Name	DORELUS, SHOOBY
Address	6100 S FALLS CR DR APT#214	Address	8660 NW 40TH ST
City-State-Zip:	LAUDERHILL FL 33319	City-State-Zip:	CORAL SPRINGS FL 33065

*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:** SHOOBY DORELUS

AMBR/OWNER

07/30/2022

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

\_\_\_\_\_  
Date