

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1700002713

**Entity Name:** COMMONWEALTH SECURITY RESOURCES, LLC

**Current Principal Place of Business:**

102 PICKERING WAY  
SUITE 503  
EXTON, PA 19341

**FILED**  
**Mar 06, 2024**  
**Secretary of State**  
**6140148443CC**

**Current Mailing Address:**

102 PICKERING WAY  
SUITE 503  
EXTON, PA 19341 US

**FEI Number: 46-1626363**

**Certificate of Status Desired: Yes**

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

UNITED CORPORATE SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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           MANAGER  
Name           DAVEN, MICHAEL P.  
Address        102 PICKERING WAY  
                  SUITE 503  
City-State-Zip: EXTON PA 19341

Title           MANAGER  
Name           JOHNSON, CRAIG K  
Address        102 PICKERING WAY  
                  SUITE 503  
City-State-Zip: EXTON PA 19341

Title           MANAGER  
Name           FRAZIER, B GRAEME IV  
Address        102 PICKERING WAY  
                  SUITE 503  
City-State-Zip: EXTON PA 19341

Title           MANAGER  
Name           RUDNITSKY, MARVIN J.  
Address        102 PICKERING WAY  
                  SUITE 503  
City-State-Zip: EXTON PA 19341

*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: MICHAEL DAVEN**

**MANAGER**

**03/06/2024**

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

\_\_\_\_\_  
Date