

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002753

FILED
Mar 06, 2009
Secretary of State

Entity Name: SECURITY NETWORKS LLC

Current Principal Place of Business:

3223 COMMERCE PLACE
SUITE 101
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

3223 COMMERCE PLACE
SUITE 101
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-0988893 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRY, RICHARD W
3223 COMMERCE PLACE
SUITE 101
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PERRY COMPANIES, INC. ,
Address: 3223 COMMERCE PLACE #101
City-St-Zip: WEST PALM BEACH, FL 33407

Title: CFO () Delete
Name: WIESENFELD, KENNETH CFO
Address: 3223 COMMERCE PLACE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP (X) Delete
Name: BECKER, KURT VP
Address: 3223 COMMERCE PLACE
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: RICHARD W, PERRY

MGR

03/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date