

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002753

FILED  
Jan 05, 2011  
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: CEO  
Name: PERRY, RICHARD  
Address: 3223 COMMERCE PLACE #101  
City-St-Zip: WEST PALM BEACH, FL 33407

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

Title: VP  
Name: LEVY, KEVIN  
Address: 3223 COMMERCE PLACE SUITE 101  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP  
Name: MONSKY, JOHN  
Address: 3223 COMMERCE PLACE SUITE 101  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP  
Name: FRIESEL, JONATHAN  
Address: 3223 COMMERCE PLACE SUITE 101  
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby 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

CEO

01/05/2011

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