

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90045 015 ****50.00

DOCUMENT # L00000013186

1. Entity Name
SECURITYDIRECTOR, L.L.C.



Principal Place of Business

**1500 BAY ROAD
1580
MIAMI BEACH FL 33139**

Mailing Address

**1517 E HILLCREST ST
ORLANDO FL 32803**

2. Principal Place of Business

4800 PINE TREE DR.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 105

City & State
MIAMI BEACH, FL

City & State

Zip Country
33140 USA

Zip Country

4. FEI Number **65-1070078**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMALLEY, CRAIG W
1517 E HILLCREST ST
ORLANDO FL 32803**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME MARINO, FILIPPO
STREET ADDRESS 1500 BAY ROAD #1580
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE MGR ☒ Change ☐ Addition
NAME MARINO, FILIPPO
STREET ADDRESS PO BOX 190487
CITY-ST-ZIP MIAMI BEACH, FL 33119

TITLE MGR ☐ Delete
NAME PALUMBO, LOUIS F
STREET ADDRESS 100 LAKESHORE DR, #357
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

FILIPPO MARINO

SIGNATURE REQUIRED

3/14/03

305-673-8909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)