

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005265

FILED
Apr 13, 2005
Secretary of State

Entity Name: SECURED ENTERPRISES, LLC

Current Principal Place of Business:

535 CARSWELL AVE
DAYTONA BEACH, FL 32117

New Principal Place of Business:

262 UNIT C CARSWELL AVE
DAYTONA BEACH, FL 32117

Current Mailing Address:

PO BOX 250608
DAYTONA BEACH, FL 321250608

New Mailing Address:

1648 TAYLOR ROAD
DAYTONA BEACH, FL 32128

FEI Number: 59-3708591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTLETT, LAURENCE H
1800 W. INTERNATIONAL SPEEDWAY BLVD., STE
201
DAYTONA BEACH, FL 32114 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/MEMBERS:

Title: MGR () Delete
Name: VASILE, CARL
Address: 535 CARSWELL AVE
City-St-Zip: HOLLY HILL, FL 32117

Title: MGR () Delete
Name: VASILE, TERESA
Address: 535 CARSWELL AVE
City-St-Zip: HOLLY HILL, FL 32117

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VASILE, CARL
Address: 262 UNIT C CARSWELL AVE
City-St-Zip: HOLLY HILL, FL 32117

Title: MGR (X) Change () Addition
Name: VASILE, TERESA
Address: 262 UNIT C CARSWELL AVE
City-St-Zip: HOLLY HILL, FL 32117

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARL VASILE

MGR

04/13/2005

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