

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L01000005265

1. Entity Name  
SECURED ENTERPRISES, LLC



Principal Place of Business  
262 UNIT C CARSWELL AVE  
DAYTONA BEACH, FL 32117

Mailing Address  
1648 TAYLOR ROAD  
#422  
PORT ORANGE, FL 32128



01192007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3708591

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME VASILE, CARL  
STREET ADDRESS 262 UNIT C CARSWELL AVE  
CITY-ST-ZIP HOLLY HILL, FL 32117

TITLE MGR  
NAME VASILE, TERESA  
STREET ADDRESS 262 UNIT C CARSWELL AVE  
CITY-ST-ZIP HOLLY HILL, FL 32117

TITLE  
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CITY-ST-ZIP

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04/17/07-80014-023 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

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

Date

Daytime Phone #