

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90023 031 ****50.00

DOCUMENT # L02000007241

1. Entity Name
KENT GUARD SERVICE, LLC



Principal Place of Business
**14600 BISCAYNE BOULEVARD
NORTH MIAMI BEACH, FL 33181**

Mailing Address
**14600 BISCAYNE BOULEVARD
NORTH MIAMI BEACH, FL 33181**

DO NOT WRITE IN THIS SPACE



01052006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
82-0542622

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~MIAMI CENTER REGISTERED AGENTS, LLC
201 S. BISCAYNE BLVD. #1700
MIAMI, FL 33131~~

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IN THIS SPACE**

Serns, David R., Esq. Suite 205
17101 N.E. 19th Ave., No. Miami Beach, FL 33162

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

David R. Serns
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/06

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ALEXANDER, ORLY
14600 BISCAYNE BOULEVARD
NORTH MIAMI BEACH, FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NEUMAN, RONIT
14600 BISCAYNE BOULEVARD
NORTH MIAMI BEACH, FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Orly Alexander
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/30/06

305-919-9400

Date

Daytime Phone #