

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007241

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: KENT GUARD SERVICE, LLC

**Current Principal Place of Business:**

14600 BISCAYNE BOULEVARD  
NORTH MIAMI BEACH, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

14600 BISCAYNE BOULEVARD  
NORTH MIAMI BEACH, FL 33181

**New Mailing Address:**

FEI Number: 82-0542622

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALEXANDER, SHLOMY  
14600 BISCAYNE BLVD  
NORTH MIAMI BEACH, FL 33181 US

**Name and Address of New Registered Agent:**

ALEXANDER, SHLOMI  
14600 BISCAYNE BLVD  
NORTH MIAMI BEACH, FL 33181 US

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: SHLOMI ALEXANDER

02/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ALEXANDER, ORLY  
Address: 14600 BISCAYNE BOULEVARD  
City-St-Zip: NORTH MIAMI BEACH, FL 33181 US

Title: MGRM ( ) Delete  
Name: NEUMAN, RONIT  
Address: 14600 BISCAYNE BOULEVARD  
City-St-Zip: NORTH MIAMI BEACH, FL 33181 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ORLY ALEXANDER

MGRM

02/02/2009

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