

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90193 043 \*\*\*\*50.00

**DOCUMENT # L02000023287**

1. Entity Name  
GLOBAL SECURITY SOLUTIONS LLC



Principal Place of Business

6742 CANARY PALM CIRCLE  
BOCA RATON, FL 33433

Mailing Address

6742 CANARY PALM CIRCLE  
BOCA RATON, FL 33433

62011000



02032004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
41-2063262

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

VARELA, MELVIN  
6742 CANARY PALM CIRCLE  
BOCA RATON, FL 33433

**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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	P
NAME	VARELA, MELVIN
STREET ADDRESS	6742 CANARY PALM CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	VP
NAME	MOREIRA BEHRENS
STREET ADDRESS	Cedinas de TAMANACO, RES. CONSOR DE PLAZA
CITY-ST-ZIP	CARACAS, VENEZUELA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

2/10/04

Date

(561) 392-5922

Daytime Phone #