

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90325 026 ****50.00

DOCUMENT # L02000034443

1. Entity Name

U.S. HOMELAND SECURITY SERVICES, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

801 Brickell Avenue

Suite, Apt. #, etc.

Suite 1901

City & State

Miami, Florida 33131

Zip

33131

Country

USA

3. Mailing Address

801 Brickell Avenue

Suite, Apt. #, etc.

Suite 1901

City & State

Miami, Florida

Zip

33131

Country

USA

4. FEI Number

11-3669916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Thomas R. Spencer

Street Address (P.O. Box Number is Not Acceptable)

801 Brickell Avenue, Suite 1901

City

Miami

FL

Zip Code

33131

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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
Manager	James Angleton	801 Brickell Avenue, #1901	Miami, Florida 33131
Manager	Larry Holdridge	801 Brickell Avenue, #1901	Miami, Florida 33131

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Thomas R. Spencer

Date

2/12/03

Daytime Phone #

305-394-1700