


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90020 001 ****50.00


DOCUMENT # L03000002919	
1. Entity Name SENTRY SECURITY SERVICES, LLC	

Principal Place of Business 3900 NW 79TH AVENUE, STE. 741 MIAMI, FL 33166	Mailing Address 9350 SOUTH DIXIE HWY PH 5 MIAMI, FL 33156
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2. Principal Place of Business 8323 n.w. 12th St. Suite, Apt. #, etc. # 218	3. Mailing Address 8323 n.w. 12th St. Suite, Apt. #, etc. # 218
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City & State Miami, FL	City & State Miami, FL
Zip 33126	Zip 33126
Country USA	Country USA

40091475



04252006 Chg-LLC CR2E083 (11/05)

4. FEI Number 82-0585528	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent REINER & REINER, P.A. 9100 SOUTH DADELAND BLVD., STE. 1408 MIAMI, FL 33156	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMIREZ, DAVID 9350 SOUTH DIXIE HWY PH5 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8323 n.w. 12th St. # 218 Miami, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ST. PHILIP, CARL 9350 SOUTH DIXIE HWY PH5 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8323 n.w. 12th St. # 218 Miami, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date 5/5/06	Daytime Phone # 305-670-6544
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