

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90243 049 *****50.00

DOCUMENT # L03000013805

1. Entity Name

EXPO SEGURIDAD MEXICO, LLC



Principal Place of Business

2455 SW 27TH AVENUE, SUITE 200
MIAMI, FL

Mailing Address

2455 SW 27TH AVENUE, SUITE 200
MIAMI, FL

DO NOT WRITE IN THIS SPACE

03092005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
02-0694407

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JARAMILLO, MAX
2455 SW 27TH AVENUE, SUITE 200
MIAMI, FL

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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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME JARAMILLO, MAX
STREET ADDRESS 2455 SW 27TH AVENUE, SUITE 200
CITY-ST-ZIP MIAMI, FL

TITLE MGR
NAME ORDAZ, SAMUEL
STREET ADDRESS PASEO DE LOS ALAMOS 208
CITY-ST-ZIP MONTERREY, NL MEXICO, 64630

TITLE MGR
NAME FERRANDO, ANDREA
STREET ADDRESS 4601 NW 93RD DORAL COURT
CITY-ST-ZIP MIAMI, FL 33178

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 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

Max JARAMILLO

03/18/05

305 285 3133