

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000017246

**FILED**  
**Apr 26, 2005**  
**Secretary of State**

**Entity Name:** LOYAL AMERICAN PROTECTION SYSTEMS, LLC

**Current Principal Place of Business:**

922 NW 114TH AVE.  
CORAL SPRINGS, FL

**New Principal Place of Business:**

8009 NW 36 ST  
213  
MIAMI, FL 33166 US

**Current Mailing Address:**

922 NW 114TH AVE.  
CORAL SPRINGS, FL

**New Mailing Address:**

8009 NW 36 ST  
213  
MIAMI, FL 33166 US

**FEI Number:** 54-2110011      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

LEAL, LUIS G  
922 NW 114TH AVE.  
CORAL SPRINGS, FL      US

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

LEAL, LUIS G  
8009 NW 36 ST  
213  
MIAMI, FL 33166 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: LUIS LEAL

04/26/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: LEAL, LUIS G  
Address: 922 NW 114TH AVE.  
City-St-Zip: CORAL SPRINGS, FL

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LEAL, LUIS G  
Address: 8009 NW 36 ST SUITE 213  
City-St-Zip: MIAMI, FL 33166 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LUIS G LEAL

MGRM

04/26/2005

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