

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000029802

**FILED**  
**Jul 12, 2004**  
**Secretary of State**

**Entity Name:** SECURE SOLUTIONS, LLC.

**Current Principal Place of Business:**

121 WETTAW  
#212  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

931 VILLAGE BLVD, STE 905-393  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

7636 159TH CT N  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

931 VILLAGE BLVD, STE 905-393  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 14-1892259

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOYLAN, ROBERT  
7636 159TH CT N  
PALM BEACH GARDENS, FL 33418 US

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

BATES, KEVIN  
931 VILLAGE BLVD, STE 905-393  
WEST PALM BEACH, FL 33409 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: KEVIN BATES

07/12/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: GRISWOLD, SALLY  
Address: 121 WETTAW #212  
City-St-Zip: NORTH PALM BEACH, FL 33408

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BATES, KEVIN  
Address: 121 WETTAW #212  
City-St-Zip: NORTH PALM BEACH, FL 33408

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: KEVIN BATES

MGR

07/12/2004

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