

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003178

FILED
Sep 15, 2008
Secretary of State

Entity Name: INFORMATION SECURITY MANAGEMENT, LLC

Current Principal Place of Business:

1767 AUBURN LAKES DR
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

1767 AUBURN LAKES DR
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 20-0759287 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

ROSE, G. DENNIS
1450 MADRUGA AVENUE, STE 207
CORAL GABLES, FL 33146 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRE () Delete
Name: ANGEE, MARIA F
Address: 1767 AUBURN LAKES DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP () Delete
Name: ANGEE, MAURICIO E
Address: 1767 AUBURN LAKES DR
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES:

Title: MP (X) Change () Addition
Name: ANGEE, MARIA F
Address: 1767 AUBURN LAKES DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: MP (X) Change () Addition
Name: ANGEE, MAURICIO E
Address: 1767 AUBURN LAKES DR
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MAURICIO ANGEE

MP

09/15/2008

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