

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000059901

**FILED**  
**Mar 25, 2008**  
**Secretary of State**

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

**Current Principal Place of Business:**

2233 N. COMMERCE PARKWAY  
1  
WESTON, FL 33326

**New Principal Place of Business:**

17159 NW 23RD ST.  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

2233 N. COMMERCE PARKWAY  
1  
WESTON, FL 33326

**New Mailing Address:**

17159 NW 23RD ST.  
PEMBROKE PINES, FL 33028

**FEI Number:** 30-0267804

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LAJEUNESSE, WILLIAM J WILLIAM  
2501 S. OCEAN DRIVE  
401  
HOLLYWOOD, FL 33019 US

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

LAJEUNESSE, WILLIAM J  
17159 NW 23RD ST.  
PEMBROKE PINES, FL 33028 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: WILLIAM LAJEUNESSE

03/25/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LAJEUNESSE, WILLIAM J WILLIAM  
Address: 2501 S. OCEAN DRIVE, #401  
City-St-Zip: HOLLYWOOD, FL 33019

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LAJEUNESSE, WILLIAM J  
Address: 17159 NW 23RD ST.  
City-St-Zip: PEMBROKE PINES, FL 33028

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: WILLIAM LAJEUNESSE

MGR

03/25/2008

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