

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065013

Entity Name: SECURIFOCUS, LLC

FILED  
Apr 22, 2009  
Secretary of State

**Current Principal Place of Business:**

4959 NW 57TH LANE  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

4959 NW 57TH LANE  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

FEI Number: 83-0426186      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FLOYD, RITA M  
4959 NW 57TH LANE  
CORAL SPRINGS, FL 33067 US

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

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: MGRM ( ) Delete  
Name: OROSZ, ANDRAS  
Address: CSERESZHYE U. 3.  
City-St-Zip: H-112 BUDAPEST, HUNGARY,

Title: MGRM ( ) Delete  
Name: IMRE, JUDIT  
Address: IRHAS AROK 30.  
City-St-Zip: H-112 BUDAPEST, HUNGARY,

Title: MGRM ( ) Delete  
Name: FEDOR, ZOLTAN  
Address: RADNOTI M U. 17. 3561 FELSOZSOLCA  
City-St-Zip: HUNGARY,

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RITA FLOYD

RA

04/22/2009

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