2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L04000091633

Entity Name: SECURITY PRINTING SOFTWARE, LLC

Current Principal Place of Business:

396 ALHAMBRA CIRCLE
SUITE 210
CORAL GABLES, FL 33134 US

New Principal Place of Business:

2600 DOUGLAS ROAD
SUITE 506
CORAL GABLES, FL 33134 US

Current Mailing Address:

% DIEGO L. RESTREPO ESQ.
396 ALHAMBRA CIRCLE, STE. 210
CORAL GABLES, FL 331345045

New Mailing Address:

2600 DOUGLAS ROAD
SUITE 506
CORAL GABLES, FL 33134

FEI Number: 20-2025951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RESTREPO, DIEGO L ESQ.
396 ALHAMBRA CIRCLE
SUITE 210
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

RESTREPO, DIEGO L ESQ.
2600 DOUGLAS ROAD
SUITE 506
CORAL GABLES, FL 33134 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: DIEGO L RESTREPO ESQ 04/29/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: RESTREPO, DIEGO L ESQ.
Address: 396 ALHAMBRA CIRCLE, STE. 210
City-St-Zip: CORAL GABLES, FL 331345045 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RESTREPO, DIEGO L ESQ.
Address: 2600 DOUGLAS ROAD, SUITE 506
City-St-Zip: CORAL GABLES, FL 33134 US

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: DIEGO L RESTREPO ESQ MGR 04/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date