

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008928

FILED
Apr 28, 2009
Secretary of State

Entity Name: MANAGEMENT SECURE, LLC

Current Principal Place of Business:

5029 RUBY FLATS DR
WIMAUMA, FL 33598

New Principal Place of Business:

Current Mailing Address:

5029 RUBY FLATS DR
WIMAUMA, FL 33598

New Mailing Address:

FEI Number: 20-2201847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, ANTONIO R
417 WEST SUGARLAND HWY.
CLEWISTON, FL 33440 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: MGR () Delete
Name: ISRAEL, ABBIE
Address: 1047 BAYBERRY LOOP
City-St-Zip: CLEWISTON, FL 33440

Title: MGR () Delete
Name: ISRAEL, JUDITH
Address: 1047 BAYBERRY LOOP
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ISRAEL, ABBIE
Address: 5029 RUBY FLATS DRIVE
City-St-Zip: WIMAUMA, FL 33598

Title: MGR (X) Change () Addition
Name: ISRAEL, JUDITH
Address: 5029 RUBY FLATS DRIVE
City-St-Zip: WIMAUMA, FL 33598

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: ABBIE ISRAEL

MEMB

04/28/2009

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