2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 05, 2007 08:00 AN Secretary of State

ANNUAL REPORT				Mar 05, 2007 06:00	
DOCUMENT # L05000014565 1. Entity Name				Se	ecretary of State
SECURITY AND INFORMATION SERVICES, LLC					
1561-C PHE	e of Business ASANT WALK E, FL 34950	Mailing Address 1561-C PHEASANT WALK FORT PIERCE, FL 34950			
			<u> </u>		
DO NOT WRITE IN THIS SPACE				02162007 No Chg-LLC	CR2E083 (11/05)
			:	20-2333187 5. Certificate of Status Desired	Not Applicable \$5.00 Additional Fee Required
	6. Name and Address of Current F	tegistered Agent			
MORENO, HUGO 1561-C PHEASANT WALK FORT PIERCE, FL 34950			- interpretation	DO NOT W	
				IN THIS SP	ACE
The above the obligat SIGNATURE	named entity submits this statement for tions of registered teent.	the purpose of changing its registe	ered office or register	ed agent, or both, in the State of Flor	rida. I am familiar with, and accept
3/0/12/10/12	Signature, typed or printed name of registered agent at	nd title if applicable (NOTE Regists	red Agent signature required	(when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007				(100000) 03/13/07-6	354950 30085-025 50.00
9.	MANAGING MEMBER	RS/MANAGERS			
TITLE	MGR				
name Street adoress	MORENO, HUGO 1561-C PHEASANT WALK				
CITY-ST-ZIP	FORT PIERCE, FL 34950				
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NAME					
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		Alafa EV an abana and an alike for the		d in Chapter 119 Florida Statutes	* * * * * * * * * * * * * * * * * * *

11. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119. Florida Statutes I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under ceth; 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.

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SIGNATURE: A. M oreno

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE