

2006 LIMITED LIABILITY COMPANY -REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 14 AM 11:13

DOCUMENT # L05000091354

1. Entity Name
SECURITY SOLUTIONS 2000 LLC



Principal Place of Business

15441 SW 49 ST
MIAMI, FL 33185

Mailing Address

15441 SW 49 ST
MIAMI, FL 33185

2. Principal Place of Business

7910 NW 25 STREET
Suite, Apt. #, etc.
210

3. Mailing Address

7910 NW 25 STREET
Suite, Apt. #, etc.
210

12072006 REIN-LLC CR2E101 (11/05)

City & State

DORAL - FLA

City & State

DORAL - FLORIDA

4. FEI Number

20-3402259

Applied For

Not Applicable

Zip

33122

Country

US

Zip

33122

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSE MARIANO NAVARRO
15441 SW 49 ST
MIAMI, FL 33185

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME JOSE MARIANO NAVARRO
STREET ADDRESS 15441 SW 49 ST
CITY-ST-ZIP MIAMI, FL 33185

TITLE MGR ☐ Delete
NAME JUAN C PARIACANO SOTO
STREET ADDRESS 15441 SW 49 ST
CITY-ST-ZIP MIAMI, FL 33185

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400082542824
CITY-ST-ZIP 12/14/06--01022--005 **50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

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

Date

Daytime Phone #