

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000119196

FILED
Mar 06, 2009
Secretary of State

Entity Name: DIVINE PROTECTION SECURITY SERVICES, LLC

Current Principal Place of Business:

1970 E. OSCEOLA PARKWAY
330
KISSIMMEE, FL 34743

New Principal Place of Business:

815 MABBETTE STREET
SUITE 205
KISSIMMEE, FL 34743

Current Mailing Address:

1970 E. OSCEOLA PARKWAY
330
KISSIMMEE, FL 34743

New Mailing Address:

1970 EAST OSCEOLA PARKWAY
KISSIMMEE, FL 34743

FEI Number: 84-1697325 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PAGAN, EDGARDO
1970 E. OSCEOLA PARKWAY
330
KISSIMMEE, FL 34743 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: EDGARDO PAGAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: PAGAN, EDGARDO
Address: 1970 E. OSCEOLA PARKWAY
City-St-Zip: KISSIMMEE, FL 34743 US

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

Title: MGRM (X) Delete
Name: PAGAN, LEIRA
Address: 1970 E. OSCEOLA PARKWAY
City-St-Zip: KISSIMMEE, FL 34743 US

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: EDGARDO PAGAN

MGR

03/06/2009

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