

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90122 009 \*\*\*\*50.00

<b>DOCUMENT # L06000009680</b>					
<b>1. Entity Name</b> ALFA SECURITY SERVICES, LLC					
<b>Principal Place of Business</b> <del>320 S. FLAMINGO ROAD, SUITE 340</del> <del>PEMBROKE PINES, FL 33027</del>			<b>Mailing Address</b> 320 S. FLAMINGO ROAD, SUITE 40 PEMBROKE PINES, FL 33027		
<b>2. Principal Place of Business - No P.O. Box #</b> 130485.W. 133 COURT Suite, Apt. #, etc. <b>B</b>			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b> MIAMI, FL.		<b>City &amp; State</b>		<b>4. FEI Number</b> 72-1612371	
<b>Zip</b> 33186		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <del>SALVER, PAUL P.A.</del> <del>2721 EXECUTIVE PARK DRIVE, SUITE 3</del> <del>WESTON, FL 33331</del>				<b>7. Name and Address of New Registered Agent</b> Name: <b>WUALID FRAGACHAN</b> Street Address (P.O. Box Number is Not Acceptable): <b>130485.W. 133 COURT</b> City: <b>MIAMI</b> <b>FL</b> Zip Code: <b>33186</b>	
<b>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.</b> SIGNATURE: <span style="float: right;">DATE: _____</span>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRAGACHAN, WALLY 320 S. FLAMINGO ROAD, SUITE 340 PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b>			<b>3/8/07 954-638-2647</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

60031842



03082007 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name: WUALID FRAGACHAN

Street Address (P.O. Box Number is Not Acceptable): 130485.W. 133 COURT

City: MIAMI FL Zip Code: 33186

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SIGNATURE: [Signature] DATE: \_\_\_\_\_

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Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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CITY-ST-ZIP  
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320 S. FLAMINGO ROAD, SUITE 340  
PEMBROKE PINES, FL 33027

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Date Daytime Phone #