

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90316 033 \*\*\*138.75

DOCUMENT # L06000009680

1. Entity Name  
ALFA SECURITY SERVICES, LLC



Principal Place of Business

Mailing Address

~~13048 SW 133 CT~~

~~320 S. FLAMINGO ROAD, SUITE 340~~  
PEMBROKE PINES, FL 33027

~~MIAMI, FL 33186~~

60026092

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

12100 ST ANDREWS PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Zip

33025

33027

03212008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
72-1612371

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRAGACHAN, WJALID

~~13048 SW 133 CT~~

~~MIAMI, FL 33186~~

Name

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

320 S. FLAMINGO ROAD

SUITE 340

City

PEMBROKE PINES FL

Zip Code

33027

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 if not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME FRAGACHAN, WALLY  
STREET ADDRESS 320 S. FLAMINGO ROAD, SUITE 340  
CITY-ST-ZIP PEMBROKE PINES, FL 33027

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

3/21/08 9546382647