

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009680

**FILED**  
**Feb 18, 2009**  
**Secretary of State**

**Entity Name:** ALFA SECURITY SERVICES, LLC

**Current Principal Place of Business:**

12100 ST ANDREWS PL  
HOLLYWOOD, FL 33025

**New Principal Place of Business:**

1901 SW 100 TERRACE  
BAY A  
HOLLYWOOD, FL 33025

**Current Mailing Address:**

12100 ST ANDREWS PL  
HOLLYWOOD, FL 33025

**New Mailing Address:**

320 SOUTH FLAMINGO RD  
SUITE 340  
HOLLYWOOD, FL 33027

FEI Number: 72-1612371

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRAGACHAN, WUALID  
320 S FLAMINGO RD STE 340  
HOLLYWOOD, FL 33027 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FRAGACHAN, WALLY  
Address: 320 S. FLAMINGO ROAD, SUITE 340  
City-St-Zip: PEMBROKE PINES, FL 33027

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FRAGACHAN, WUALID  
Address: 320 S. FLAMINGO ROAD, SUITE 340  
City-St-Zip: PEMBROKE PINES, FL 33027

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: WUALID FRAGACHAN

MR

02/18/2009

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