

**2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Dec 17, 2007  
Secretary of State**

DOCUMENT# L06000071495

Entity Name: ASSURED SECURITY LLC

**Current Principal Place of Business:**

6201 WILLOUGHBY CIRCLE  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

6201 WILLOUGHBY CIRCLE  
LAKE WORTH, FL 33463 US

**Current Mailing Address:**

6201 WILLOUGHBY CIRCLE  
LAKE WORTH, FL 33463

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

FARINACCI, GLENN R  
2275 SOUTH FEDERAL HIGHWAY  
DELRAY BEACH, FL 33483 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: FARINACCI GLENN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ANICETTE, SAMUEL  
Address: 6201 WILLOUGHBY CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463

**ADDITIONS/CHANGES:**

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: SAMUEL ANICETTE

MGR

12/17/2007

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