

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Sep 09, 2008 8:00 am**  
**Secretary of State**

09-09-2008 90031 007 \*\*\*143.75

DOCUMENT # L06000088025

1. Entity Name

JRG SECURITY LLC



Principal Place of Business

10143 SW 161 AVE  
MIAMI FL 33196  
US

Mailing Address

P.O. BOX 522494  
MIAMI FL 33152-2494  
US



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

5900 S/W 127 AVE.

3. Mailing Address

SAME

Suite, Apt. #, etc.

APT. # 3419

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/08)

City & State

MIAMI FL.

City & State

4. FEI Number

20-5527079

Applied For

Not Applicable

Zip

33183

Country

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, JESUS RAMON  
10143 SW 161 AVE  
MIAMI FL 33196

change of address  
5900 S/W 127 AVE #3419  
MIAMI, FL. 33183

7. Name and Address of New Registered Agent

Name

GONZALEZ JESUS RAMON

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

5900 S/W 127 AVE APT. # 3419

City MIAMI

FL

Zip Code 33183

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/or applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/1/08

**FILE NOW!!! FEE IS \$500.75 138.75**  
**Make Check Payable to Florida Department of State**  
**Due By September 3, 2008**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☒

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete  
NAME GONZALEZ, JESUS RAMON  
STREET ADDRESS 10143 SW 161 AVE  
CITY-ST-ZIP MIAMI FL 33196 change address

TITLE MGRM ☐ Delete  
NAME GONZALEZ JESUS RAMON  
STREET ADDRESS 5900 S/W 127 AVE APT. # 3419  
CITY-ST-ZIP MIAMI, FL. 33183

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE SAME PERSON ☒ Change ☐ Addition  
NAME  
STREET ADDRESS but new address.  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
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 #

786-205-0075  
9/1/08 786-436-4545