

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115971

FILED  
May 05, 2009  
Secretary of State

**Entity Name:** OCTAGON DEFENSE & SECURITY LLC

**Current Principal Place of Business:**

1861 NORTH FEDERAL HWY SUITE #147  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

1861 NORTH FEDERAL HWY SUITE #147  
HOLLYWOOD, FL 33020

**New Mailing Address:**

FEI Number: 20-8042225      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

DANAN, CHRISTOPHER G  
1861 NORTH FEDERAL HWY SUITE #147  
HOLLYWOOD, FL 33020      US

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: MGR      ( ) Delete  
Name: DANAN, CHRISTOPHER G  
Address: 1861 NORTH FEDERAL HWY SUITE #147  
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM      ( ) Delete  
Name: PARJADIS DE LARIVIER, GERAUD  
Address: 31 RUE VICTOR HUGO  
City-St-Zip: LYON 69002 FRANCE,

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CDANAN

MGR

05/05/2009

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