

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000001407

Entity Name: SECURITY WORKS, LLC

**FILED**  
**Apr 24, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6901 WEST OKEECHOBEE BLVD. SUITE J4  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

6901 WEST OKEECHOBEE BLVD. SUITE J4  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

FEI Number: 90-0341451

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LIPSICK, LEON  
6901 WEST OKEECHOBEE BLVD. SUITE J4  
WEST PALM BEACH, FL 33411 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  
Name: LIPSICK, LEON  
Address: 6901 OKEECHOBEE BLVD. SUITE J4  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGR  
Name: WOODS, ASHLEY  
Address: 6901 WEST OKEECHOBEE BLVD. SUITE J4  
City-St-Zip: WEST PALM BEACH, FL 33411

I hereby 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: LEON LIPSICK

MGRM

04/24/2010

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