

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000001407

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** SECURITY WORKS, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

6901 OKEECHOBEE BOULEVARD  
SUITE D5J4  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

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

**New Mailing Address:**

6901 OKEECHOBEE BOULEVARD  
SUITE D5J4  
WEST PALM BEACH, FL 33411 US

**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:**

LIPSICK, LEON  
6901 OKEECHOBEE BLVD.  
SUITE D5J4  
WEST PALM BEACH, FL 33411 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:

04/12/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LIPSICK, LEON  
Address: 6901 OKEECHOBEE BLVD. SUITE D5J4  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGR  
Name: WOODS, ASHLEY  
Address: 6901 OKEECHOBEE BLVD. SUITE D5J4  
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

04/12/2011

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