2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L07000084149

Entity Name: SECURITY ALLIANCE FOR EFFECTIVE SOLUTIONS, LLC

Current Principal Place of Business:

650 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

8014 STATE LINE ROAD
SUITE #203
LEAWOOD, KS 66208 US

New Mailing Address:

FEI Number: 26-0723678 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MERLO, ANDREW
6070 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33487 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	( ) Delete
Name:	DELGADO, HECTOR J	
Address:	230 RIDGE ROAD	
City-St-Zip:	JUPITER, FL 33477 US	
Title:	MGRM	( ) Delete
Name:	BIENKOWSKI, STEVEN	
Address:	3025 BATTON ROAD	
City-St-Zip:	BROOKSVILLE, FL 34602 US	
Title:	MGRM	( ) Delete
Name:	RAMIREZ, JOHN S	
Address:	201 MAYBURY AVE.	
City-St-Zip:	STATEN ISLAND, NY 10308 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: HECTOR DELGADO MGR 04/20/2009

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