

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000013294

**FILED**  
**Jun 28, 2009**  
**Secretary of State**

**Entity Name:** DEDUCTIVO SECURITY OPERATIONS SERVICES, LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

520 BRICKELL KEY DRIVE, SUITE A-1211  
MIAMI, FL 331312422

**New Principal Place of Business:**

**Current Mailing Address:**

520 BRICKELL KEY DRIVE, SUITE A-1211  
MIAMI, FL 331312422

**New Mailing Address:**

**FEI Number:** 30-0463289      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

GREEN, CAROL N ESQ.  
200 S. BISCAYNE BLVD., SUITE 2570  
MIAMI, FL 33131 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:** MGR      ( ) Delete  
**Name:** PEREZ GOMEZ, RICARDO A  
**Address:** 520 BRICKELL KEY DRIVE, SUITE A-1211  
**City-St-Zip:** MIAMI, FL 331312422

**ADDITIONS/CHANGES:**

**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:** RICARDO ARTURO PEREZ GOMEZ

MA

06/28/2009

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