

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000042028

Entity Name: SECURE UNLIMITED LLC

FILED
Jun 09, 2009
Secretary of State

Current Principal Place of Business:

6860 GLFPORT BLVD, S
PMB 209
SOUTH PASADENA, FL 33707 US

Current Mailing Address:

6860 GLFPORT BLVD, S
PMB 209
SOUTH PASADENA, FL 33707 US

New Principal Place of Business:

7501 142ND AVE
654
LARGO, FL 33771 US

New Mailing Address:

7501 142ND AVE
654
LARGO, FL 33771 US

FEI Number: 26-2477917 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:

MEQUIO, MATTHEW J
7501 142ND AVE
654
LARGO, FL 33771 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: MEQUIO, MATTEHW J
Address: 7501 142ND AVE #654
City-St-Zip: LARGO, FL 33771 US

Title: MGRM () Delete
Name: ROBBINS, WILLIAM L
Address: 7501 142ND AVE #654
City-St-Zip: LARGO, FL 33771 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: MEQUIO, JAMES E
Address: 7501 142ND AVE #654
City-St-Zip: LARGO, FL 33771 US

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: MATTHEW MEQUIO

MGR

06/09/2009

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