

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000078769

Entity Name: SECURE FRONTIER, LLC

FILED
May 08, 2009
Secretary of State

Current Principal Place of Business:

2631 FORD ST.
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

PO BOX 125
FORT MYERS, FL 33902

New Mailing Address:

FEI Number: 94-3436797 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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

ALLEN, JOHN
2631 FORD STREET
FORT MYERS, FL 33916 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: JOHN ALLEN

05/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: S () Delete
Name: ALLEN, JOHN
Address: 2631 FORD ST.
City-St-Zip: FORT MYERS, FL 33916

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALLEN, JOHN
Address: P.O. BOX 791
City-St-Zip: INKSTER, MI 48141

Title: MGR () Change (X) Addition
Name: ALLEN, JASON
Address: P.O. BOX 125
City-St-Zip: FORT MYERS, FL 33902

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: JOHN ALLEN

MGR

05/08/2009

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