

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000101185

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** DUPONT SECURITY SERVICES LLC

**Current Principal Place of Business:**

401 MAJESTIC OAK DR.  
APOPKA, FL 32712

**New Principal Place of Business:**

1800 PEMBROOK DRIVE  
ORLANDO, FL 32810

**Current Mailing Address:**

401 MAJESTIC OAK DR.  
APOPKA, FL 32712

**New Mailing Address:**

30 SKYLINE DRIVE  
200  
LAKE MARY, FL 32746

**FEI Number:** 80-0505373

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUPONT, JEAN PIERRE  
401 MAJESTIC OAK DR.  
APOPKA, FL 32712 US

**Name and Address of New Registered Agent:**

KELLEY & ASSOCIATES, LLC  
30 SKYLINE DRIVE  
200  
LAKE MARY, FL 32746 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: KYLE H. KELLEY

04/11/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SAS DUPONT SECURITE  
Address: 401 MAJESTIC OAK DR.  
City-St-Zip: APOPKA, FL 32712

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: SAS DUPONT SECURITE

MGRM

04/11/2011

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