

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000026270

**FILED**  
**Apr 10, 2011**  
**Secretary of State**

**Entity Name:** INDUSTRIAL SECURITY SUPPLIES, LLC

**Current Principal Place of Business:**

701 BRICKELL AVENUE, SUITE 1650  
MIAMI, FL 33131

**New Principal Place of Business:**

8304 NW 68TH STREET  
MIAMI, FL 33166

**Current Mailing Address:**

701 BRICKELL AVENUE, SUITE 1650  
MIAMI, FL 33131

**New Mailing Address:**

8304 NW 68TH STREET  
MIAMI, FL 33166

**FEI Number:** 27-2084573

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACINTER CORPORATION  
3643 NE 25 STREET, STE 4  
OCALA, FL 34470 US

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

OMAR LUIS  
8304 NW 68TH STREET  
MIAMI, FL 33166 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: OMAR LUIS

04/10/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LUIS, OMAR  
Address: 8304 NW 68TH STREET  
City-St-Zip: MIAMI, FL 33166

Title: MGR  
Name: LUIS, YURI  
Address: 8304 NW 68TH STREET  
City-St-Zip: MIAMI, FL 33166

Title: MGR  
Name: ANTONIO LUIS, PEDRO  
Address: 8304 NW 68TH STREET  
City-St-Zip: MIAMI, FL 33166

Title: MGR  
Name: LUIS GONZALEZ, PEDRO  
Address: 8304 NW 68TH STREET  
City-St-Zip: MIAMI, FL 33166

Title: MGR  
Name: EXPOSITO DE LUIS, CONCEPCION  
Address: 8304 NW 68TH STREET  
City-St-Zip: MIAMI, FL 33166

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: LUIS OMAR

MGR

04/10/2011

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