

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000026720

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** EAGLEMASTER SECURITY LLC

**Current Principal Place of Business:**

1644 SW BAYSHORE BLVD  
PORT ST. LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

1644 SW BAYSHORE BLVD  
PORT ST. LUCIE, FL 34984

**New Mailing Address:**

P.O BOX 8674  
PORT ST. LUCIE, FL 34985

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRANCOIS, PAUL A  
1644 SW BAYSHORE BLVD  
PORT ST. LUCIE, FL 34984 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  
Name: FRANCOIS, PAUL A  
Address: 1644 SW BAYSHORE BLVD  
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: MGR  
Name: ROCHEBRUN, AUDELIN  
Address: 2804 SE EAGLE DR  
City-St-Zip: PORT ST LUCIE, FL 34984

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: PAUL A FRANCOIS

MGR

05/01/2011

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