

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000121282

**FILED**  
**Nov 04, 2012**  
**Secretary of State**

**Entity Name:** BLACK SWAN SECURITY LLC

**Current Principal Place of Business:**

17371 W. SYCAMORE DR  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

17371 W. SYCAMORE DR  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

**FEI Number:** 45-3665792

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JORGLEWICH, GARY  
17371 W. SYCAMORE DR  
LOXAHATCHEE, FL 33470 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:** GARY JORGLEWICH

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** JORGLEWICH, GARY  
**Address:** 17371 W. SYCAMORE DR  
**City-St-Zip:** LOXAHATCHEE, FL 33470

**Title:** MGRM  
**Name:** DEAN COHEN, SCOTT  
**Address:** 17371 W. SYCAMORE DR  
**City-St-Zip:** LOXAHATCHEE, FL 33470

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:** GARY. JORGLEWICH

PRES

11/04/2012

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