

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 24, 2005 8:00 am
Secretary of State

05-24-2005 90132 027 ****50.00

DOCUMENT # L95000000839

1. Entity Name

SECURE MANAGEMENT, L.C.



Principal Place of Business

828 BAYBERRY LOOP
CLEWISTON FL 33440

Mailing Address

PO BOX 1296
CLEWISTON FL 33440

2. Principal Place of Business

1047 Bayberry Loop

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clewiston FL

City & State

Zip

Country

33440

USA

Zip

Country

4. FEI Number

65-0627461

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ISRAEL, ABBIE
707 HOOVER DIKE ROAD
UNIT 704
CLEWISTON FL 33440

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME ISRAEL, ABBIE
STREET ADDRESS 707 HOOVER DIKE ROAD
CITY-ST-ZIP CLEWISTON FL 33440

TITLE MGR ☐ Delete
NAME ISRAEL, JUDITH
STREET ADDRESS 707 HOOVER DIKE ROAD
CITY-ST-ZIP CLEWISTON FL 33440

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME ISRAEL, ABBIE
STREET ADDRESS PO BOX 1296
CITY-ST-ZIP CLEWISTON FL 33440

TITLE MGR ☒ Change ☐ Addition
NAME ISRAEL, JUDITH
STREET ADDRESS PO BOX 1296
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

JUDITH ISRAEL 5/18/05 863 9835560