



# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 18 AM 10:06

<b>DOCUMENT # M04000002546</b> 1. Entity Name <b>SECURE SOLUTIONS, LLC</b>					
Principal Place of Business <b>200 HARRY S. TRUMAN PARKWAY, S TE. 340 ANNAPOLIS, MD 21401</b>			Mailing Address <b>200 HARRY S. TRUMAN PARKWAY, S TE. 340 ANNAPOLIS, MD 21401</b>		
2. Principal Place of Business <b>200 South Orange Ave</b>		3. Mailing Address <b>200 South Orange Ave</b>			
Suite, Apt. #, etc. <b>Suite 2700</b>		Suite, Apt. #, etc. <b>Suite 2700</b>			
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>			
Zip <b>32801</b>		Country <b>USA</b>			
4. FEI Number <b>20-1076208</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				10112006 REIN-LLC CR2E101 (11/05)	
6. Name and Address of Current Registered Agent  <b>CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>PATTISON, TODD</b> <input checked="" type="checkbox"/> Delete <b>200 HARRY S. TRUMAN PARKWAY, STE. 340 ANNAPOLIS, MD 21401</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>Pitts, JAMES</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>200 South Orange Ave., Ste 2700 Orlando, FL 32801</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>BACHELOR, T.M.</b> <input type="checkbox"/> Delete <b>200 HARRY S. TRUMAN PARKWAY, STE. 340 ANNAPOLIS, MD 21401</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700080966987</b> <b>10/18/06--01055--022 **150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT 2006</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>James E. Pitts</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					