

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006697

**FILED**  
**Jan 18, 2005**  
**Secretary of State**

**Entity Name:** SECURITY & DATA SOLUTIONS, LLC

**Current Principal Place of Business:**

12375 WEST SAMPLE  
POMPANO BEACH, FL 33065

**New Principal Place of Business:**

12375 WEST SAMPLE RD  
POMPANO BEACH, FL 33065

**Current Mailing Address:**

23423 SERENC MEADOW DRIVE SOUTH  
BOCA RATON, FL 33428

**New Mailing Address:**

FEI Number: 02-0561009

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHULMAN, NORMAN R  
23423 SERENE MEADOWS DR. S.  
BOCA RATON, FL 33428 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SCHULMAN, NORMAN  
Address: 23423 SERENE MEADOWSR. S  
City-St-Zip: BOCA RATON, FL 33428

Title: MGRM ( ) Delete  
Name: HATTON, KEVIN  
Address: 6865 NW 75TH CT  
City-St-Zip: POMPANO BEACH, FL 33067

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: HATTON, KEVIN  
Address: 6865 NW 75TH CT  
City-St-Zip: PARKLAND, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NORMAN SCHULMAN

MGRM

01/18/2005

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