

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006697

FILED  
Mar 25, 2009  
Secretary of State

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

**Current Principal Place of Business:**

12346 WILES RD  
CORAL SPRINGS, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

6489 NW 65TH WAY  
PARKLAND, FL 33067

**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 D  
6489 NW 65TH WAY  
PARKLAND, FL 33067 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: MGRM ( ) Delete  
Name: SCHULMAN, NORMAN  
Address: 6489 NW 65TH WAY  
City-St-Zip: PARKLAND, FL 33067

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

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

03/25/2009

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