

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000094565

**FILED**  
**Apr 19, 2016**  
**Secretary of State**  
**CC7807421353**

**Entity Name:** SECURITY OCCUPATIONAL SUPPLIER LLC

**Current Principal Place of Business:**

9100 S DADELAND BLVD  
STE 912  
MIAMI, FL 33156

**Current Mailing Address:**

9100 S DADELAND BLVD  
STE 912  
MIAMI, FL 33156

**FEI Number:** 27-1034056

**Certificate of Status Desired:** No

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

PIEDRA & COMPANY CPA P A  
9100 S DADELAND BLVD  
STE 912  
MIAMI, FL 33156 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name BONVICINI, FABRIZIO  
Address 9100 S DADELAND BLVD STE 912  
City-State-Zip: MIAMI FL 33156

Title MGR  
Name SANCHEZ, NORIS  
Address 9100 S DADELAND BLVD STE 912  
City-State-Zip: MIAMI FL 33156

Title MGR  
Name VARELA, NABILA  
Address 9100 S DADELAND BLVD STE 912  
City-State-Zip: MIAMI FL 33156

Title MGRM  
Name BONVICINI JR, FABRIZIO  
Address 9100 S DADELAND BLVD 912  
City-State-Zip: MIAMI FL 33156

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BONVICINI , FABRIZIO

**MGRM**

**04/19/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date