

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000009297

**Entity Name:** 1ST SECURE IT LLC**Current Principal Place of Business:**6810 LYONS TECHNOLOGY CIRCLE  
SUITE 190  
COCONUT CREEK, FL 33073**Current Mailing Address:**4613 N. UNIVERSITY DRIVE  
#323  
CORAL SPRINGS, FL 33067 US**FEI Number:** 27-1776302**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEWSNAP, STEPHEN M  
4613 N. UNIVERSITY DRIVE  
#323  
CORAL SPRINGS, FL 33067 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 DEWSNAP, STEPHEN M  
Address 106 N RIVER DR E  
City-State-Zip: JUPITER FL 33458Title MGRM  
Name DEWSNAP, EDWARD J  
Address 7 TYSON ROAD  
City-State-Zip: FRANKLIN MA 02038Title MGRM  
Name FINIZIO, STEPHEN J  
Address 7070 N.W. 75TH STREET  
City-State-Zip: PARKLAND FL 33067Title MGRM  
Name AKINS, MARK A  
Address 6328 MICHELE ROAD  
City-State-Zip: MACCLENNY FL 32063Title MGRM  
Name RODRIGUES, ABELARDO  
Address 5734 MICHELANGELO STREET  
City-State-Zip: CORAL GABLES FL 33146Title MGRM  
Name ESPANA, ALBERTO  
Address 9601 NW 31ST PLACE  
City-State-Zip: SUNRISE FL 33351

*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:** STEPHEN DEWSNAP**MANAGING PARTNER****03/07/2018**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date