

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000053125

**Entity Name:** SECURE PRO, LLC**Current Principal Place of Business:**3012 N US HWY 301  
1000  
TAMPA, FL 33619**Current Mailing Address:**3012 N US HWY 301  
TAMPA, FL 33619 US**FEI Number:** 27-2634561**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BAUER, SCOTT A  
3018 N US HWY 301  
1000  
TAMPA, FL 33619 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	PULLARA, WILLIAM
Address	3018 N US HWY 301 1000
City-State-Zip:	TAMPA FL 33619

Title	MGRM
Name	BAUER, SCOTT A
Address	3018 N US HWY 301 1000
City-State-Zip:	TAMPA FL 33619

Title	MGRM
Name	ROTH, DAVID E
Address	3018 N US HWY 301 1000
City-State-Zip:	TAMPA FL 33619

Title	MGRM
Name	HOWELL, KEITH
Address	3018 N US HWY 301 1000
City-State-Zip:	TAMPA FL 33619

Title	MANAGER
Name	COTON, ALFRED
Address	3018 N US HWY 301 1000
City-State-Zip:	TAMPA FL 33619

*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:** DAVID ROTH

MGRM

01/16/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date