Electronic Signature of Signing Authorized Person(s) Detail

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.

MANAGER

Entity Name: SECURE PRO, LLC

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

Current Principal Place of Business:

3018 N US HWY 301 1000 TAMPA, FL 33619

Current Mailing Address:

DOCUMENT# L10000053125

3018 N US HWY 301 1000 TAMPA, FL 33619 US

FEI Number: 27-2634561

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

Authorized	Person(s)	Detail :
------------	-----------	----------

Title	MGRM	Title	MGRM
Name	PULLARA, WILLIAM	Name	BAUER, SCOTT A
Address	3018 N US HWY 301 1000	Address	3018 N US HWY 301 1000
City-State-Zip:	TAMPA FL 33619	City-State-Zip:	TAMPA FL 33619
Title	MGRM	Title	MGRM
Name	ROTH, DAVID E	Name	HOWELL, KEITH
Address	3018 N US HWY 301 1000	Address	3018 N US HWY 301 1000
City-State-Zip:	TAMPA FL 33619	City-State-Zip:	TAMPA FL 33619
Title	MANAGER		
Name	COTON, ALFRED		
Address	3018 N US HWY 301 1000		
City-State-Zip:	TAMPA FL 33619		

Certificate of Status Desired: Yes

Date