

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000053125

Entity Name: SECURE PRO, LLC**Current Principal Place of Business:**3018 N US HWY 301
1000
TAMPA, FL 33619**Current Mailing Address:**3018 N US HWY 301
1000
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 33619Title MGRM
Name BAUER, SCOTT A
Address 3018 N US HWY 301
1000
City-State-Zip: TAMPA FL 33619Title MGRM
Name ROTH, DAVID E
Address 3018 N US HWY 301
1000
City-State-Zip: TAMPA FL 33619Title MGRM
Name HOWELL, KEITH
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 E ROTH**MANAGING PARTNER****04/03/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date