

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000053125

**Entity Name:** SECURE PRO, LLC

**Current Principal Place of Business:**

333 N. FALKENBURG RD  
STE. B-222  
TAMPA, FL 33619

**Current Mailing Address:**

333 N. FALKENBURG RD  
STE. B-222  
TAMPA, FL 33619 US

**FEI Number:** 27-2634561

**Certificate of Status Desired:** Yes

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

BAUER, SCOTT A  
333 N FALKENBURG RD  
STE. B-222  
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 333 N FALKENBURG RD STE B-222  
City-State-Zip: TAMPA FL 33619

Title MGRM  
Name BAUER, SCOTT A  
Address 333 N FALKENBURG RD STE B-222  
City-State-Zip: TAMPA FL 33619

Title MGRM  
Name ROTH, DAVID E  
Address 333 N FALKENBURG RD STE B-222  
City-State-Zip: TAMPA FL 33619

Title MGRM  
Name HOWELL, KEITH  
Address 333 N. FALKENBURG RD  
STE. B-222  
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

ONWER

03/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date