

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000066434

**Entity Name:** 16 EAGLE SECURITY & ARMED SERVICES LLC

**Current Principal Place of Business:**

1310 W. COLONIAL DR  
SUITE #29  
ORLANDO, FL 32804

**Current Mailing Address:**

1310 W. COLONIAL DRIVE  
SUITE #29  
ORLANDO, FL 32804 US

**FEI Number:** 45-4161413

**Certificate of Status Desired:** No

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

SULLY, WILFRED N  
1310 W. COLONIAL DRIVE  
SUITE #29  
ORLANDO, FL 32804 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            OWNER  
Name            SULLY, WILFRED  
Address        1310 W. COLONIAL DR  
                  SUITE #29  
City-State-Zip: ORLANDO FL 32804

*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:** WILFRED SULLY

**OWNER**

**04/09/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date