

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000086652

**Entity Name:** BLUE LINE SECURITY SERVICES LLC

**Current Principal Place of Business:**

746 KNOLLWOOD DR.  
DAVENPORT, FL 33837

**Current Mailing Address:**

746 KNOLLWOOD DR.  
DAVENPORT, FL 33837

**FEI Number:** 46-0548516

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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 TURSO, EDUARD  
Address 746 KNOLLWOOD DR.  
City-State-Zip: DAVENPORT FL 33837

Title MGRM  
Name VIGNALI, JAMES  
Address 9311 DUBOIS BLVD.  
City-State-Zip: ORLANDO FL 32825

*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:** EDUARD TURSO

**MANAGING MEMBER**

**04/30/2014**

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

\_\_\_\_\_  
Date