

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000000061

**Entity Name:** YOUR SECURITY SOLUTIONS LLC

**Current Principal Place of Business:**

12497 S TAMIAMI TRAIL  
NORTH PORT, FLORIDA 34287

**Current Mailing Address:**

12497 S TAMIAMI TRAIL  
NORTH PORT, FLORIDA 34287 UN

**FEI Number:** 47-2768843

**Certificate of Status Desired:** Yes

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

BURKS, ROBERT L  
1543 MARASCO LN  
NORTH PORT, FL 34286 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 MGR  
Name BURKS, ROBERT L  
Address 12497 S TAMIAMI TRAIL  
City-State-Zip: NORTH PORT FLORIDA 34287

Title MGR  
Name COLE-BURKS, NATALIE J  
Address 12497 S TAMIAMI TRAIL  
City-State-Zip: NORTH PORT FLORIDA 34287

*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:** ROBERT L BURKS

MANAGER/OWNER

02/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date