

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000035291

Entity Name: TRUSECURE LLC

Current Principal Place of Business:

4611 HURON BAY CIRCLE
KISSIMMEE, FL 34759

Current Mailing Address:

PO BOX 580704
KISSIMMEE, FL 34758 US

FEI Number: 27-1106496

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VARGAS, OLIVER
4611 HURON BAY CIRCLE
KISSIMMEE, FL 34759 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 VARGAS, OLIVER
Address 4611 HURON BAY CIRCLE
City-State-Zip: KISSIMMEE FL 34759

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: OLIVER VARGAS

MGR

06/08/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date