## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000035291

**Entity Name: TRUSECURE LLC** 

Jan 03, 2022 **Secretary of State** 6099807137CC

**FILED** 

## **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.

**MGR** 

Electronic Signature of Signing Authorized Person(s) Detail