

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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

12/10/2021

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

\_\_\_\_\_ Date