

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000123240

**Entity Name:** BLACKHORN SECURITY LLC

**Current Principal Place of Business:**

1232 NORTH TAMIAMI TRAIL  
SUITE 09  
NORTH FORT MYERS, FL 33903

**Current Mailing Address:**

1232 NORTH TAMIAMI TRAIL  
SUITE 09  
NORTH FORT MYERS, FL 33903 US

**FEI Number:** 83-0595351

**Certificate of Status Desired:** No

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

LEPE, CHRISTIAN J  
1232 NORTH TAMIAMI TRAIL  
SUITE 09  
NORTH FORT MYERS, FL 33903 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 LEPE, CHRISTIAN J  
Address 1232 NORTH TAMIAMI TRAIL  
SUITE 09  
City-State-Zip: NORTH FORT MYERS FL 33903

*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:** LEPE CHRISTIAN J

**OWNER**

**06/08/2020**

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

\_\_\_\_\_  
Date