

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000161700

**Entity Name:** SAGAILLE SECURITY SERVICE LLC**Current Principal Place of Business:**633 NE 167 ST SUITE 1109  
MIAMI, FL 33162**Current Mailing Address:**531 NE 133 ST.  
NORTH MIAMI, FL 33161 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THEOGENE, MARC ARSENE  
18940 NW 27 AVE  
307  
MIAMI GARDENS, FL 33056 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:** MARC A THEOGENE

03/12/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AMBR
Name	THEOGENE, ALEXANDRA	Name	THEOGENE, EVENS
Address	531 NE 133 ST.	Address	531 NE 133 ST.
City-State-Zip:	NORTH MIAMI FL 33161	City-State-Zip:	NORTH MIAMI FL 33161

*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:** EVENS THEOGENE

AMBR

03/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date