REGISTERED AG 7901 4TH ST N STE 300 ST. PETERSBUR		
The above named e	ntity submits this statement for the purpose of changing its registered office or registered agent, o	
SIGNATURE:	DAVID ROBERTS	
	Electronic Signature of Registered Agent	
Authorized Person(s) Detail :		

Authonized Person(S) Detail .		
Title	AUTHORIZED MEMBER	
Name	HAYES, BRIAN	
Address	1031 US 90 W STE 3 #232	
City-State-Zip:	DEFUNIAK SPRINGS FL 32433	

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.

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L19000280738

Entity Name: C-IED AND INVESTIGATIVE SERVICES LLC

Current Principal Place of Business:

4949 KIDD RD DEFUNIAK SPRINGS, FL 32444

Current Mailing Address:

4949 KIDD RD DEFUNIAK SPRINGS, FL 32444 US

FEI Number: 84-3813873

Name and Address of Current Registered Agent:

or both, in the State of Florida.

SIGNATURE: BRIAN HAYES MEMBER 02/24/2024

FILED Feb 24, 2024 Secretary of State 9661376228CC

Certificate of Status Desired: No

02/24/2024 Date

Date