Name and Address of Current Registered Agent:				
		aina its reaistered office or rea	istered agent or both in the State of	Florida
The above named e	anay submits this statement for the pulpose of than			ionau.
SIGNATURE:	DAVID PEARSON			04/30/2022
	Electronic Signature of Registered Agent			Date
Authorized P	erson(s) Detail :			
Title	MGR	Title	AUTHORIZED MEMBER	

Name

Address

City-State-Zip:

3469 W BOYNTON BEACH BLVD SUITE 2 PMB 1100 BOYNTON BEACH, FL 33436

DOCUMENT# L1000006741

Current Mailing Address:

6816 CAMILLE ST BOYNTON BEACH, FL 33437 US

FEI Number: 27-1701374

Nam

HOFFMAN, STEVEN H

BOYNTON BEACH FL 33437

6816 CAMILLE ST

Entity Name: LIFESAVER NETWORK USA, LLC

Current Principal Place of Business:

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Title Name

Address

City-State-Zip:

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: STEVEN H HOFFMAN

MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

HOFFMAN, ALEX BRENT

BOYNTON BEACH FL 33437

6816 CAMILLE ST

Date