

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000050710

Entity Name: EMS PROTECTIVE GROUP, LLC

Current Principal Place of Business:

6190 WOODLANDS BLVD
SUITE 420
TAMARAC, FL 33319

Current Mailing Address:

P.O BOX 590633
TAMARAC, FL 33359

FEI Number: 90-0716235

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MOONAN, EMANUEL
6190 WOODLANDS BLVD
TAMARAC
TAMARAC, FL 33319 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 MGRM
Name MOONAN, EMANUEL
Address PO BOX 590633
City-State-Zip: TAMARAC FL 33359

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: EMANUEL MOONAN

OPERATIONS MANAGER 01/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date