

**2016 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

MANAGER

01/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date