

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000123575

**Entity Name:** ALTON FIRST AID, L.L.C.

**Current Principal Place of Business:**

C/O JOSEPH ALTON  
2444 PROVENCE CIRCLE  
WESTON, FL 33327

**FILED**  
**Feb 16, 2018**  
**Secretary of State**  
**CC4267378840**

**Current Mailing Address:**

C/O JOSEPH ALTON  
2444 PROVENCE CIRCLE  
WESTON, FL 33327 US

**FEI Number:** 45-3761796

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KRAMER, ROBERT M  
4000 HOLLYWOOD BLVD.  
SUITE 485-SOUTH  
HOLLYWOOD, FL 33021 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	MGR	Title	MGR
Name	ALTON, JOSEPH	Name	ALTON, AMY
Address	2444 PROVENCE CIRCLE	Address	2444 PROVENCE CIRCLE
City-State-Zip:	WESTON FL 33327	City-State-Zip:	WESTON FL 33327

*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:** AMY ALTON

**MGR**

**02/16/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date