

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000148980

Entity Name: U.S. K9 PROTECTIVE SERVICES LLC

Current Principal Place of Business:

4987 N. UNIVERSITY DRIVE
UNIT 16B
LAUDERHILL, FL 33351

Current Mailing Address:

PO BOX 451083
SUNRISE, FL 33345 US

FEI Number: 81-1888456

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, TIFFANY
4987 N. UNIVERSITY DRIVE
UNIT 16B
LAUDERHILL, FL 33351 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: BOBBY HARRIS

03/04/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name VOLGA, DANIEL
Address PO BOX 451083
City-State-Zip: SUNRISE FL 33345

Title AM, AUTHORIZED MEMBER
Name HARRIS, BOBBY
Address PO BOX 451083
City-State-Zip: SUNRISE FL 33345

Title AMBR
Name BROWN, TIFFANY
Address PO BOX 451083
City-State-Zip: SUNRISE FL 33345

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: TIFFANY BROWN

AMBR

03/04/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date