

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000015596

**Entity Name:** ACTIVE FACILITY MONITORING, LLC

**Current Principal Place of Business:**

702 ERNEST DR  
PORT ORANGE, FL 32127

**Current Mailing Address:**

702 ERNEST DR  
PORT ORANGE, FL 32127

**FEI Number:** 81-5243372

**Certificate of Status Desired:** No

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

HABERMANN, IAN  
702 ERNEST DR  
PORT ORANGE, FL 32127 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            PRESIDENT  
Name            HABERMANN, IAN F.E.  
Address        702 ERNEST DR  
City-State-Zip: PORT ORANGE FL 32127

*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:** IAN HABERMANN

**PRESIDENT**

**01/17/2019**

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

\_\_\_\_\_  
Date