

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000152427

**Entity Name:** TRAINED TO SAVE LIVES LLC

**Current Principal Place of Business:**

4670 LIPSCOMB ST NE #4  
PALM BAY, FL 32905

**Current Mailing Address:**

1662 SAN SORING ST SE  
PALM BAY, FL 32909 US

**FEI Number:** 85-1203117

**Certificate of Status Desired:** No

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

WEST, KIARA D  
1662 SAN SOVING ST SE  
PALM BAY, FL 32909 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           | AMBR                   |
| Name            | WEST, KIARA            | Name            | WEST, KIARA            |
| Address         | 4670 LIPSCOMB ST NE #4 | Address         | 4670 LIPSCOMB ST NE #4 |
| City-State-Zip: | PALM BAY FL 32905      | City-State-Zip: | PALM BAY FL 32905      |

*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:** KIARA WEST

**OWNER**

**03/09/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date