

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000102825

Entity Name: 1ST RESPONSE MEDICAL & SAFETY LLC

Current Principal Place of Business:

8101 KENDRIA COVE TERRACE
BOYNTON BEACH, FL 33473

Current Mailing Address:

PO BOX 1535
MINNEOLA, FL 34755

FEI Number: 92-2979179

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WITHERSPOON, TODD I
8101 KENDRIA COVE TERRACE
BOYNTON BEACH, FL 33473 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	CEO	Title	MANAGER
Name	WITHERSPOON, TODD I	Name	WITHERSPOON, ERANIA
Address	PO BOX 1535	Address	PO BOX 1535
City-State-Zip:	MINNEOLA FL 34755	City-State-Zip:	MINNEOLA FL 34755

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: TODD I. WITHERSPOON

CEO

03/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date