

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000431

Entity Name: #1 A LIFESAFER OF FLORIDA LLC**Current Principal Place of Business:**4290 GLENDALE MILFORD ROAD
CINCINNATI, OH 45242**Current Mailing Address:**4290 GLENDALE MILFORD ROAD
CINCINNATI, OH 45242 US**FEI Number:** 31-1671455**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	MGRM
Name	#1 A LIFESAFER DISTRIBUTION, INC.
Address	4290 GLENDALE MILFORD ROAD
City-State-Zip:	CINCINNATI OH 45242

Title	TREASURER, SECRETARY
Name	BURDI, MICHAEL
Address	4290 GLENDALE MILFORD ROAD
City-State-Zip:	CINCINNATI OH 45242

Title	PRESIDENT
Name	OWENS, KENT
Address	4290 GLENDALE MILFORD ROAD
City-State-Zip:	CINCINNATI OH 45242

Title	ASST. SECRETARY/TREASURER
Name	HUBBARD, LORI
Address	4290 GLENDALE MILFORD ROAD
City-State-Zip:	CINCINNATI OH 45242

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: LORI HUBBARD

ASST SECRETARY/TREA 04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date