

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000431

Entity Name: #1 A LIFESAFER OF FLORIDA LLC**Current Principal Place of Business:**3630 PARK 42 DRIVE
SUITE 140C
CINCINNATI, OH 45241**Current Mailing Address:**3630 PARK 42 DRIVE
SUITE 140C
CINCINNATI, OH 45241 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	Title	TREASURER, SECRETARY
Name	#1 A LIFESAFER DISTRIBUTION, INC.	Name	MACEMORE, KYLE
Address	3630 PARK 42 DRIVE SUITE 140C	Address	3630 PARK 42 DRIVE SUITE 140C
City-State-Zip:	CINCINNATI OH 45241	City-State-Zip:	CINCINNATI OH 45241
Title	ASST. SECRETARY/TREASURER	Title	CEO/PRESIDENT
Name	THUENEMAN, ERIC	Name	MUMMA, DICK
Address	3630 PARK 42 DRIVE SUITE 140C	Address	3630 PARK 42 DRIVE SUITE 140C
City-State-Zip:	CINCINNATI OH 45241	City-State-Zip:	CINCINNATI OH 45241

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: KATHRYN C. HAERTEL**GENERAL COUNSEL****01/15/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date