

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000007084

**Entity Name:** ROADS SAFE SERVICES, LLC

**Current Principal Place of Business:**

8750 W. BRYN MAWR AVE  
SUITE 400  
CHICAGO, IL 60631

**FILED**  
**Mar 06, 2023**  
**Secretary of State**  
**9724418703CC**

**Current Mailing Address:**

8750 W. BRYN MAWR AVE  
SUITE 400  
CHICAGO, IL 60631 US

**FEI Number: 26-1091280**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 MEMBER  
Name ROADS SAFE TRAFFIC SYSTEMS, INC.  
Address 8750 W. BRYN MAWR AVE  
SUITE 400  
City-State-Zip: CHICAGO IL 60631

Title DIRECTOR  
Name KISSANE, BRENDAN  
Address 8750 W. BRYN MAWR AVE  
SUITE 400  
City-State-Zip: CHICAGO IL 60631

Title CHAIRMAN, DIRECTOR  
Name SUAN, CHRISTOPHER  
Address 8750 W. BRYN MAWR AVE  
SUITE 400  
City-State-Zip: CHICAGO IL 60631

Title CFO, DIRECTOR  
Name MEIRICK, DAVID  
Address 3015 E. ILLINI STREET  
City-State-Zip: PHOENIX, AZ 85040

Title PRESIDENT  
Name SCARANO, JOSEPH  
Address 8750 W. BRYN MAWR AVE  
SUITE 400  
City-State-Zip: CHICAGO IL 60631

Title DIRECTOR  
Name PARK, KYUN  
Address 8750 W. BRYN MAWR AVE  
SUITE 400  
City-State-Zip: CHICAGO IL 60631

Title SECRETARY  
Name BENNETT, MARGARET  
Address 8750 W. BRYN MAWR AVE  
SUITE 400  
City-State-Zip: CHICAGO IL 60631

Title TREASURER  
Name EMMONS, RON  
Address 8750 W. BRYN MAWR AVE  
SUITE 400  
City-State-Zip: CHICAGO IL 60631

*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: MARGARET BENNETT**

**SECRETARY**

**03/06/2023**

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

\_\_\_\_\_  
Date