

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000004283

**Entity Name:** SENSORMATIC ELECTRONICS, LLC

**Current Principal Place of Business:**

6600 CONGRESS AVENUE  
BOCA RATON, FL 33487

**Current Mailing Address:**

PO BOX 591  
X-81  
MILWAUKEE, WI 53201-0591 US

**FEI Number:** 65-1051385

**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           MANAGER  
Name           PULLING, DAVID  
Address        1919 S BASCOM AVE  
City-State-Zip: CAMPBELL CA 95008

Title           MANAGER  
Name           HOGAN, JOSEPH C  
Address        6 TECHNOLOGY PARK DRIVE  
City-State-Zip: WESTFORD MA 01886

Title           TREASURER  
Name           MAGUIRE, BRIAN  
Address        6600 CONGRESS AVENUE  
City-State-Zip: BOCA RATON FL 33487

Title           MEMBER  
Name           JOHNSON CONTROLS SECURITY SOLUTIONS LLC  
Address        6600 CONGRESS AVENUE  
City-State-Zip: BOCA RATON FL 33487

*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:** JOSEPH CYRIL HOGAN

**MANAGER**

**04/25/2023**

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

\_\_\_\_\_  
Date