#### Electronic Signature of Signing Authorized Person(s) Detail

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

# DOCUMENT# M15000007853

Entity Name: GUARDIAN INTERLOCK, 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: 58-1950039

# 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

# Authorized Person(s) Detail :

| Title           | е     | VICE PRESIDENT AND SECRETARY             | Title           | CFO                                      |
|-----------------|-------|--|-----------------|--|
| Nar             | me    | ALT, SHAWN                               | Name            | SOVCIK, JOSEPH J.                        |
| Add             | dress | 1453 THIRD STREET PROMENADE              | Address         | 1241 W. MINERAL AVE.                     |
| City-State-Zip: |       | SUITE 300<br>SANTA MONICA CA 90401       | City-State-Zip: | LITTLETON CO 80120                       |
| Title           | 1.    |  | Title           | VICE PRESIDENT AND TREASURER             |
|                 | -     |  | Name            | FOHRER, ANDREW                           |
| Name<br>Address |       | CHRIS , LINTHWAITE<br>1241 W MINERAL AVE | Address         | 1453 THIRD STREET PROMENADE<br>SUITE 300 |
|                 |       |  |                 |  |
|                 |       |  |                 |  |

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: SHAWN ALT

SECRETARY AND VICE 04 PRESIDENT

04/18/2024

Date

#### Apr 18, 2024 Secretary of State 9374591368CC

FILED

Certificate of Status Desired: No