

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000003784

Entity Name: LIFESAVERS CPR, FINGERPRINTING & DRUGTESTING, LLC**Current Principal Place of Business:**10300 49TH STREET N.
STE 118
CLEARWATER, FL 33762**Current Mailing Address:**10300 49TH STREET N.
STE 118
CLEARWATER, FL 33762 US**FEI Number:** 82-1186794**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**URS AGENTS, LLC
3458 LAKESHORE DR.
TALLAHASSEE, FL 32312 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 | OMBR |
| Name | OWENS, EILEEN M |
| Address | 10300 49TH STREET N. STE 118 |
| City-State-Zip: | CLEARWATER FL 33762 |

| | |
|-----------------|---------------------------------|
| Title | MBR |
| Name | OWENS, DARON K |
| Address | 10300 49TH STREET N. STE 118 |
| City-State-Zip: | CLEARWATER FL 33762 |

| | |
|-----------------|---------------------------------|
| Title | MBR |
| Name | TOLBERT, LAWRENCE N |
| Address | 10300 49TH STREET N. STE 118 |
| City-State-Zip: | CLEARWATER FL 33762 |

| | |
|-----------------|---------------------------------|
| Title | MEMBER |
| Name | OWENS, LAUREEN MARIE |
| Address | 10300 49TH STREET N. STE 118 |
| City-State-Zip: | CLEARWATER FL 33762 |

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|-----------------|---------------------------------|
| Title | MEMBER |
| Name | OWENS, DARRIN EDWARD |
| Address | 10300 49TH STREET N. STE 118 |
| City-State-Zip: | CLEARWATER FL 33762 |

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: EILEEN M. OWENS

OMBR

05/08/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date