

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000015340

**Entity Name:** SIGNAL MANAGEMENT SERVICES OF FLORIDA, LLC

**Current Principal Place of Business:**

64 DANBURY RD STE 200  
WILTON, CT 06897

**Current Mailing Address:**

64 DANBURY RD STE 200  
WILTON, CT 06897 US

**FEI Number: 87-3227442**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
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 MGR  
Name WINE, JOEL  
Address 64 DANBURY RD STE 200  
City-State-Zip: WILTON CT 06897

Title MGR  
Name OLIVER, RODNEY  
Address 64 DANBURY RD STE 200  
City-State-Zip: WILTON CT 06897

Title MGR  
Name GODFREY, TOM  
Address 64 DANBURY RD STE 200  
City-State-Zip: WILTON CT 06897

Title MGR  
Name HUSTED, AMY  
Address 64 DANBURY RD STE 200  
City-State-Zip: WILTON CT 06897

Title MGR  
Name GARDNER, J. JUSTIN  
Address 64 DANBURY RD STE 200  
City-State-Zip: WILTON CT 06897

Title TREASURER  
Name POSTER, YVONNE MARIE MARTINO  
Address 64 DANBURY RD STE 200  
City-State-Zip: WILTON CT 06897

*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: YVONNE M. POSTER**

**SVP & CHIEF FINANCIAL OFFICER 04/27/2023**

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

\_\_\_\_\_  
Date