

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000084197

**Entity Name:** SECURITY FIRST MANAGERS, LLC**Current Principal Place of Business:**1001 BROADWAY AVE  
ORMOND BEACH, FL 32174**Current Mailing Address:**1001 BROADWAY AVE  
ORMOND BEACH, FL 32174**FEI Number:** 75-3176413**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEVRIESE, MELISSA B  
1001 BROADWAY AVE.  
ORMOND BEACH, FL 32174 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 MANAGING MEMBER  
Name BURT, WALLACE LOCKWOOD  
Address 1001 BROADWAY AVENUE  
City-State-Zip: ORMOND BEACH FL 32174

Title MANAGER  
Name BECKER-JONES, CLIVE  
Address 1001 BROADWAY AVENUE  
City-State-Zip: ORMOND BEACH FL 32174

Title MANAGER  
Name DEVRIESE, MELISSA BURT  
Address 1001 BROADWAY AVENUE  
City-State-Zip: ORMOND BEACH FL 32174

Title MANAGER  
Name RODIER, KATHIE  
Address 1001 BROADWAY AVENUE  
City-State-Zip: ORMOND BEACH FL 32174

Title MANAGER  
Name RULAND, KERRIE  
Address 1001 BROADWAY AVENUE  
City-State-Zip: ORMOND BEACH FL 32174

Title MANAGER  
Name LOWE, CHARLES  
Address 1001 BROADWAY AVENUE  
City-State-Zip: ORMOND BEACH FL 32174

*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:** WALLACE L. BURT

MANAGING MEMBER

04/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date