

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084197

Entity Name: SECURITY FIRST MANAGERS, LLC**Current Principal Place of Business:**140 S. ATLANTIC AVE.
SUITE 200
ORMOND BEACH, FL 32176**Current Mailing Address:**140 S. ATLANTIC AVE.
SUITE 200
ORMOND BEACH, FL 32176**FEI Number:** 75-3176413**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**3H AGENT SERVICES, INC.
140 S. ATLANTIC AVE.
SUITE 200
ORMOND BEACH, FL 32176 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:** ELIZABETH HARKER

04/23/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name BURT, WALLACE LMR
Address 140 S ATLANTIC AVENUE #200
City-State-Zip: ORMOND BEACH FL 32176

Title MANAGER
Name DEVRIESE, MELISSA BURT
Address 140 S. ATLANTIC AVE.
SUITE 200
City-State-Zip: ORMOND BEACH FL 32176

Title MANAGER
Name ZEHNDER, WALTER
Address 140 S. ATLANTIC AVE.
SUITE 200
City-State-Zip: ORMOND BEACH FL 32176

Title MANAGER
Name RODIER, KATHIE
Address 140 S. ATLANTIC AVE.
SUITE 200
City-State-Zip: ORMOND BEACH FL 32176

Title MANAGER
Name BECKER-JONES, CLIVE
Address 140 S. ATLANTIC AVE.
SUITE 200
City-State-Zip: ORMOND BEACH FL 32176

Title MANAGER
Name KRUCK, WERNER
Address 140 S. ATLANTIC AVE.
SUITE 200
City-State-Zip: ORMOND BEACH FL 32176

Title MANAGER
Name MOWRY, EVA
Address 140 S. ATLANTIC AVE.
SUITE 200
City-State-Zip: ORMOND BEACH FL 32176

Title MANAGER
Name MCCUBBINS, WENDY
Address 140 S. ATLANTIC AVE.
SUITE 200
City-State-Zip: ORMOND BEACH FL 32176

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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

04/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name RULAND, KERRIE
Address 140 S. ATLANTIC AVE.
 SUITE 200
City-State-Zip: ORMOND BEACH FL 32176

Title MANAGER
Name LOWE, CHARLES
Address 140 S. ATLANTIC AVE.
 SUITE 200
City-State-Zip: ORMOND BEACH FL 32176