

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000137146

Entity Name: SAFETRACQ LLC**Current Principal Place of Business:**7509 NW 36TH STREET
MIAMI, FL 33166**Current Mailing Address:**7509 NW 36TH STREET
MIAMI, FL 33166 DA**FEI Number:** 46-3760241**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHLIMPER, LEON
7509 NW 36TH STREET
MIAMI, FL 33166 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	MGRM
Name	CHLIMPER, LEON
Address	7509 NW 36TH STREET
City-State-Zip:	MIAMI FL 33166

Title	MGRM
Name	GUERRA, LUIS F
Address	15070 SW 37TH ST
City-State-Zip:	DAVIE FL 33331

Title	MGRM
Name	OLANO, GUSTAVO
Address	75 DISCOVERY WAY
City-State-Zip:	ACTON MA 01720

Title	MGR
Name	SALMON, MAURICIO
Address	9190 SW 61ST CT
City-State-Zip:	MIAMI FL 33156

Title	MGR
Name	OLANO, JUAN C
Address	15053 SW 40TH ST
City-State-Zip:	DAVIE FL 33331

Title	MGR
Name	CHLIMPER, AMY
Address	7509 NW 36TH ST
City-State-Zip:	MIAMI FL 33166

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: LEON CHLIMPER

MNGR

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date