

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000005541

Entity Name: INCIDENT365 FLORIDA, LLC

Current Principal Place of Business:

2817 PASS A GRILLE WAY
ST. PETERSBURG, FL 33706

Current Mailing Address:

1718 SIDNEY STREET
PITTSBURGH, PA 15203

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 AMBR
Name INCIDENT365, L.P.
Address 1718 SIDNEY STREET
City-State-Zip: PITTSBURGH PA 15203

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: INCIDENT365, L.P.

AMBR

04/26/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date