

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000259917

Entity Name: SOUTHWEST FLORIDA EMERGENCY MANAGEMENT, LLC

FILED
Apr 14, 2023
Secretary of State
2065781258CC

Current Principal Place of Business:

1643 NW 136TH AVE
BUILDING H, SUITE 100
SUNRISE, FL 33323

Current Mailing Address:

265 BROOKVIEW CENTRE WAY STE 400
ATTN: LEGAL DEPT.
KNOXVILLE, TN 37919 US

FEI Number: 59-1237521

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
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	MEMBER	Title	PRESIDENT
Name	TEAM FINANCE LLC	Name	CORVINI, MICHAEL
Address	265 BROOKVIEW CENTRE WAY STE 400	Address	265 BROOKVIEW CENTRE WAY STE 400
City-State-Zip:	KNOXVILLE TN 37919	City-State-Zip:	KNOXVILLE TN 37919
Title	VP	Title	TREASURER, SECRETARY
Name	EVANS, ROB	Name	LEONE, ALICE
Address	265 BROOKVIEW CENTRE WAY STE 400	Address	265 BROOKVIEW CENTRE WAY STE 400
City-State-Zip:	KNOXVILLE TN 37919	City-State-Zip:	KNOXVILLE TN 37919
Title	VP	Title	VP
Name	SIMON, EMILY	Name	MCCORMACK, SHANNON
Address	265 BROOKVIEW CENTRE WAY STE 400	Address	265 BROOKVIEW CENTRE WAY STE 400
City-State-Zip:	KNOXVILLE TN 37919	City-State-Zip:	KNOXVILLE TN 37919
Title	ASST. SECRETARY	Title	ASST. TREASURER
Name	STAIR, JOHN R	Name	BARRACK, JOHN
Address	265 BROOKVIEW CENTRE WAY STE 400	Address	265 BROOKVIEW CENTRE WAY STE 400
City-State-Zip:	KNOXVILLE TN 37919	City-State-Zip:	KNOXVILLE TN 37919

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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: JOHN R STAIR

ASSISTANT SECRETARY 04/14/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASST. TREASURER
Name OWENS, LARA
Address 265 BROOKVIEW CENTRE WAY STE 400
City-State-Zip: KNOXVILLE TN 37919