

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0400000431

**FILED**  
**Apr 24, 2018**  
**Secretary of State**  
**CC0429900084**

**Entity Name:** #1 A LIFESAFER OF FLORIDA LLC

**Current Principal Place of Business:**

4290 GLENDALE MILFORD ROAD  
CINCINNATI, OH 45242

**Current Mailing Address:**

4290 GLENDALE MILFORD ROAD  
CINCINNATI, OH 45242 US

**FEI Number:** 31-1671455

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 #1 A LIFESAFER DISTRIBUTION, INC.  
Address 4290 GLENDALE MILFORD ROAD  
City-State-Zip: CINCINNATI OH 45242

Title TREASURER, SECRETARY  
Name MACEMORE, KYLE  
Address 4290 GLENDALE MILFORD ROAD  
City-State-Zip: CINCINNATI OH 45242

Title ASST. SECRETARY/TREASURER  
Name THUENEMAN, ERIC  
Address 4290 GLENDALE MILFORD ROAD  
City-State-Zip: CINCINNATI OH 45242

*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:** ELIZABETH GAMBONE

**ASSISTANT GENERAL  
COUNSEL**

**04/24/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

Date