

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0400000431

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 BURDI, MICHAEL
Address 4290 GLENDALE MILFORD ROAD
City-State-Zip: CINCINNATI OH 45242

Title PRESIDENT
Name OWENS, KENT
Address 4290 GLENDALE MILFORD ROAD
City-State-Zip: CINCINNATI OH 45242

Title ASST. SECRETARY/TREASURER
Name HUBBARD, LORI
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: LORI HUBBARD

ASST SECRETARY/TREA 04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date