

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000003023

**FILED**  
**Apr 24, 2017**  
**Secretary of State**  
**CC4306322209**

**Entity Name:** LIFESHIELD SECURITY LLC

**Current Principal Place of Business:**

2711 CENTERVILLE ROAD, SUITE 400  
WILMINGTON, DE 19808

**Current Mailing Address:**

2711 CENTERVILLE ROAD, SUITE 400  
WILMINGTON, DE 19808 US

**FEI Number:** 77-0681626

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, 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           MANAGER  
Name           CARPENTER, RAY R  
Address        2711 CENTERVILLE ROAD, SUITE 400  
  
City-State-Zip: WILMINGTON DE 19808

Title           MANAGER  
Name           MEZA, JAMES III  
Address        2711 CENTERVILLE ROAD, SUITE 400  
  
City-State-Zip: WILMINGTON DE 19808

Title           ASSISTANT SECRETARY - TAX  
Name           DIORIO, KAREN M.  
Address        2711 CENTERVILLE ROAD, SUITE 400  
  
City-State-Zip: WILMINGTON DE 19808

Title           ASSISTANT SECRETARY - TAX  
Name           FISHER, LINDA A.  
Address        2711 CENTERVILLE ROAD, SUITE 400  
  
City-State-Zip: WILMINGTON DE 19808

Title           ASSISTANT TREASURER - TAX  
Name           JOHNSON, GARY E.  
Address        2711 CENTERVILLE ROAD, SUITE 400  
  
City-State-Zip: WILMINGTON DE 19808

*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:** KAREN M. DIORIO

**ASSISTANT SECRETARY - 04/24/2017  
TAX**

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

\_\_\_\_\_  
Date