

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000003023

**Entity Name:** LIFESHIELD SECURITY LLC

**Current Principal Place of Business:**

2021 CABOT BLVD W  
LANGHORNE, PA 19047

**Current Mailing Address:**

2021 CABOT BLVD W  
LANGHORNE, PA 19047 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           MIRAGE, JAMES  
Address        2021 CABOT BLVD W  
City-State-Zip: LANGHORNE PA 19047

Title           MANAGER  
Name           HAGAN, MICHAEL  
Address        2021 CABOT BLVD W  
City-State-Zip: LANGHORNE PA 19047

*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:** MICHAEL HAGAN

**MANAGER**

**05/04/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date