

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004210

Entity Name: SAFEGUARD SERVICES OF DELAWARE LLC**Current Principal Place of Business:**14295 PARK MEADOW DRIVE
CHANTILLY, VA 20151**Current Mailing Address:**14295 PARK MEADOW DRIVE
CHANTILLY, VA 20151 US**FEI Number:** 20-4734369**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 SECRETARY
Name SWINDELL, JENNIFER
Address 14295 PARK MEADOW DRIVE
City-State-Zip: CHANTILLY VA 20151

Title MANAGER
Name ARMIGER, FRANK
Address 14295 PARK MEADOW DRIVE
City-State-Zip: CHANTILLY VA 20151

Title MANAGER
Name HINZE, DANIEL
Address 14295 PARK MEADOW DRIVE
City-State-Zip: CHANTILLY VA 20151

Title MANAGER
Name SUCHER, CHRISTIANNE
Address 14295 PARK MEADOW DRIVE
City-State-Zip: CHANTILLY VA 20151

Title MANAGER
Name KAY, PHYLLIS
Address 14295 PARK MEADOW DRIVE
City-State-Zip: CHANTILLY VA 20151

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: DANIEL HINZE

MANAGER

04/26/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date