

**2018 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M12000000566

**Entity Name:** UNIVERSAL PROTECTION SERVICE, LLC

**Current Principal Place of Business:**

161 WASHINGTON ST., STE 600  
CONSHOHOCKEN, PA 19428

**Current Mailing Address:**

161 WASHINGTON ST., STE 600  
CONSHOHOCKEN, PA 19428 US

**FEI Number:** 56-0515447

**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 MEMBER  
Name UNIVERSAL SERVICES OF AMERICA, LP  
Address 1551 N. TUSTIN AVENUE #650  
City-State-Zip: SANTA ANA CA 92705

Title MANAGER  
Name JONES, STEVEN S.  
Address 1551 N. TUSTIN AVENUE #650  
City-State-Zip: SANTA ANA CA 92705

Title MANAGER  
Name TORZOLINI, WILLIAM A.  
Address 161 WASHINGTON ST., STE 600  
City-State-Zip: CONSHOHOCKEN PA 19428

Title MANAGER  
Name BUCKMAN, DAVID I.  
Address 161 WASHINGTON ST., STE 600  
City-State-Zip: CONSHOHOCKEN PA 19428

Title REGION PRESIDENT  
Name ROBERT, WOOD  
Address 4200 W. CYPRESS STREET SUITE 550  
City-State-Zip: TAMPA FL 33607

*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:** SWATHI STALEY

**CORPORATE COUNSEL**

**10/01/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date