

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000000566

Entity Name: UNIVERSAL PROTECTION SERVICE, LLC**Current Principal Place of Business:**450 EXCHANGE
IRVINE, CA 92602**Current Mailing Address:**161 WASHINGTON STREET
SUITE 600
CONSHOHOCKEN, PA 19428 US**FEI Number:** 56-0515447**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, 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	MEMBER
Name	UNIVERSAL PROTECTION SERVICE, LP
Address	450 EXCHANGE
City-State-Zip:	IRVINE CA 92602

Title	PRESIDENT, CEO
Name	JONES, STEVEN
Address	450 EXCHANGE
City-State-Zip:	IRVINE CA 92602

Title	TREASURER, CFO
Name	BRANDT, TIMOTHY E.
Address	450 EXCHANGE
City-State-Zip:	IRVINE CA 92602

Title	SECRETARY, EXECUTIVE VP, GENERAL COUNSEL
Name	BUCKMAN, DAVID I.
Address	161 WASHINGTON STREET SUITE 600
City-State-Zip:	CONSHOHOCKEN PA 19428

Title	REGIONAL PRESIDENT
Name	WOOD, BOB
Address	450 EXCHANGE
City-State-Zip:	IRVINE CA 92602

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: DAVID I. BUCKMAN**SECRETARY****04/12/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date