

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000002383

Entity Name: SECURITAS HEALTHCARE LLC**Current Principal Place of Business:**4600 VINE STREET
LINCOLN, NE 68503**Current Mailing Address:**4600 VINE STREET
LINCOLN, NE 68503 US**FEI Number:** 47-2536436**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
2894 REMINGTON GREEN LANE
SUITE A
TALLAHASSEE, FL 32308 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, OWNER
Name SECURITAS TECHNOLOGY CORPORATION
Address 3800 TABS DRIVE
City-State-Zip: UNIONTOWN OH 44685

Title MEMBER, CEO
Name BYERLY, LANCE A.
Address 4600 VINE STREET
City-State-Zip: LINCOLN NE 68503

Title MEMBER, SECRETARY
Name DEYONGE, JUSTIN
Address 4600 VINE STREET
City-State-Zip: LINCOLN NE 68503

Title MEMBER, TREASURER
Name KATARIA, ASHWIN
Address 4600 VINE STREET
City-State-Zip: LINCOLN NE 68503

Title ASSISTANT SECRETARY
Name BRUNO, MATTHEW D.
Address 4600 VINE STREET
City-State-Zip: LINCOLN NE 68503

Title SR. VP FINANCE
Name CANTOS, DAVE
Address 4600 VINE STREET
City-State-Zip: LINCOLN NE 68503

Title LICENSING MANAGER
Name JONES, AMBER
Address 4600 VINE STREET
City-State-Zip: LINCOLN NE 68503

Title LICENSING SPECIALIST
Name LUNA, RUDY
Address 4600 VINE STREET
City-State-Zip: LINCOLN NE 68503

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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: SECURITAS TECHNOLOGY CORPORATION

MANAGER

04/01/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title PRESIDENT, MEMBER
Name MCCARTHY, WILLIAM
Address 4600 VINE STREET
City-State-Zip: LINCOLN NE 68503

Title VP OF CORPORATE TAX
Name STONE, TRICIA
Address 4600 VINE STREET
City-State-Zip: LINCOLN NE 68503

Title ASSISTANT TREASURER
Name MOSKAL, STEPHEN
Address 4600 VINE STREET
City-State-Zip: LINCOLN NE 68503