

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000004487

**Entity Name:** HARD WORK PROTECTION, LLC

**Current Principal Place of Business:**

1231 W. NORTHERN LIGHTS BLVD. #911  
ANCHORAGE, AK 99503

**Current Mailing Address:**

1231 W. NORTHERN LIGHTS BLVD. #911  
ANCHORAGE, AK 99503 US

**FEI Number:** 81-0882408

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KAPOOR, OM PARKASH  
10981 HICKORY TRACE LANE  
JACKSONVILLE, FL 32256 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:** OM PARKASH KAPOOR

04/24/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MBR  
Name KAPOOR, OM  
Address 10981 HICKORY TRACE LANE  
City-State-Zip: JACKSONVILLE FL 32256

Title MBR  
Name VANDER, BABALJIT KAUR  
Address 10981 HICKORY TRACE LANE  
City-State-Zip: JACKSONVILLE FL 32256

*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:** BABALJIT KAUR VANDER

AMBR

04/24/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date