

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000008676

**Entity Name:** SAFECON SOLUTIONS, LLC

**Current Principal Place of Business:**

848 S MAIN STREET  
BEACON FALLS, CT 06403

**Current Mailing Address:**

848 S MAIN STREET  
BEACON FALLS, CT 06403 US

**FEI Number:** 26-4472044

**Certificate of Status Desired:** No

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

CASEY, LAURA  
3360 WEST CROWN POINTE BLVD, SUITE 102  
NAPLES, FL 34112 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 PRINCIPLE/OWNER  
Name CASEY, LAURA  
Address 3360 WEST CROWN POINTE BLVD,  
UNIT 102  
City-State-Zip: NAPLES FL 34112

*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:** LAURA CASEY

PRINCIPLA

01/10/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date