

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000001550

**Entity Name:** BOSCH SECURITY SYSTEMS, LLC

**Current Principal Place of Business:**

130 PERINTON PARKWAY  
FAIRPORT, NY 14450

**Current Mailing Address:**

1 TOWER LANE  
SUITE 3100  
OAKBROOK TERRACE, IL 60181 US

**FEI Number:** 11-3707780

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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           MANAGER  
Name           RITTER, ANDREW  
Address        130 PERINTON PARKWAY  
City-State-Zip: FAIRPORT NY 14450

Title           MANAGER  
Name           ZIMMERMAN, CHRISTINE  
Address        38000 HILLS TECH DRIVE  
City-State-Zip: FARMINGTON HILLS MI 48331

Title           MANAGER  
Name           JAYARAMAN, RAMESH  
Address        130 PERINTON PARKWAY  
City-State-Zip: FAIRPORT NY 14450

Title           AUTHORIZED REPRESENTATIVE  
Name           SCHAFFER, JON  
Address        130 PERINTON PARKWAY  
City-State-Zip: FAIRPORT NY 14450

Title           MANAGER  
Name           SWAN, JEFFREY  
Address        130 PERINTON PARKWAY  
City-State-Zip: FAIRPORT NY 14450

*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:** JON SCHAFFER

**AUTHORIZED  
REPRESENTATIVE**

**02/15/2024**

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

\_\_\_\_\_  
Date