

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055965

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: SAFE-WAY SERVICES LLC

**Current Principal Place of Business:**

11114 PACIFICA STREET  
WELLINGTON, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8708  
DEERFIELD BEACH, FL 33443

**New Mailing Address:**

FEI Number: 20-2918711      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

ACCOUNTING SYSTEMS & TAXES, INC.  
2603 DAVIE BLVD.  
FORT LAUDERDALE, FL 33312      US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WOODALL, DEBRA A  
Address: 11114 PACIFICA STREET  
City-St-Zip: WELLINGTON, FL 33467

Title: MGRM ( ) Delete  
Name: WOODALL, NICOLE M  
Address: 11114 PACIFICA STREET  
City-St-Zip: WELLINGTON, FL 33467

Title: MGR ( ) Delete  
Name: WOODALL, JASON J  
Address: 6947 KINGSTON DRIVE  
City-St-Zip: LANTANA, FL 33462

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DEBRA A. WOODALL

MGRM

04/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date