

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055965

Entity Name: SAFE-WAY SERVICES LLC

FILED
Feb 13, 2008
Secretary of State

Current Principal Place of Business:

11114 PACIFICA STREET
WELLINGTON, FL 33467

New Principal Place of Business:

11114 PACIFICA STREET
WELLINGTON, FL 33449

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 ()

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

02/13/2008

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