

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087822

FILED
Jul 10, 2008
Secretary of State

Entity Name: SAFEKEEPING LLC

Current Principal Place of Business:

5320 RUCKER CHRISTIANA RD
CHRISTIANA, TN 37037

New Principal Place of Business:

906 SW 27TH TERRACE
BOYNTON BEACH, FL 33435

Current Mailing Address:

5320 RUCKER CHRISTIANA RD
CHRISTIANA, TN 37037

New Mailing Address:

906 SW 27TH TERRACE
BOYNTON BEACH, FL 33435

FEI Number: 01-0874369 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NARDI, DOMENIC
906 SW 27 TERRACE
BOYNTON BEACH, FL 33435 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: MGR () Delete
Name: PETERS, JOSEPH
Address: 5320 RUCKER CHRISTIANA RD
City-St-Zip: CHRISTIANA, TN 37037

Title: MGRM () Delete
Name: NARDI, DOMENIC
Address: 906 SW 27 TERRACE
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NARDI, DOMENIC
Address: 906 SW 27 TERRACE
City-St-Zip: BOYNTON BEACH, FL 33435

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: DOMENIC NARDI

MGMR

07/10/2008

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