

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000031609

FILED  
Apr 06, 2011  
Secretary of State

Entity Name: SAFLIGHT, LLC

**Current Principal Place of Business:**

14801 BRIAR WAY  
TAMPA, FL 33613 US

**New Principal Place of Business:**

**Current Mailing Address:**

14801 BRIAR WAY  
TAMPA, FL 33613 US

**New Mailing Address:**

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

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

ADELSTONE, LEON  
14801 BRIAR WAY  
TAMPA, FL 33613 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  
Name: ADELSTONE, LEON  
Address: 14801 BRIAR WAY  
City-St-Zip: TAMPA, FL 33613 US

I hereby 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: LEON ADELSTONE MGRM 04/06/2011

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