2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000060892

Entity Name: ON SITE SAFETY TRAINING, LLC

FILED Jun 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

305 ROGERS CT. SAFETY HARBOR,, FL 34695

Current Mailing Address: New Mailing Address:

305 ROGERS CT. SAFETY HARBOR,, FL 34695

FEI Number: FEI Number Applied For (X) 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: Name and Address of New Registered Agent:

KENNESON, NICOLE L MRS.

687 CHANNING DR

MENCHION, DEBORAH A MRS.

305 ROGERS CT

PALM HARBOR, FL 34684 US SAFETY HARBOR, FL 34695 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: DEBORAH MENCHION 06/18/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 KENNESON, NICOLE L
 Name:
 MENCHION, DEBORAH A

 Address:
 687 CHANNING DR
 Address:
 305 ROGERS CT

 City-St-Zip:
 PALM HARBOR, FL 34684
 City-St-Zip:
 SAFETY HARBOR, FL 34695

Title: MGRM (X) Delete Title: () Change () Addition

| Mame: | MENCHION, DEBORAH A | Name: | Address: | 305 ROGER CT. | Address: | City-St-Zip: | SAFETY HARBOR, FL 34695 | 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: DEBORAH A MENCHION MNGR 06/18/2009