

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

*JSB*

## FILED

10 SEP 27 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10062010 Chg-LLC CR2E083 (11/08)

<b>DOCUMENT # L08000064662</b>			
1. Entity Name <b>ALL SAFE BABY BARRIERS LLC</b>			
Principal Place of Business <b>7162 FORTY BANKS ROAD HARMONY, FL 34773</b>		Mailing Address <b>7162 FORTY BANKS ROAD HARMONY, FL 34773</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>28-1940869</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BUCK, DAVID E 7162 FORTY BANKS ROAD HARMONY, FL 34773</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent(s).			
SIGNATURE <i>David E. Buck</i>		DATE <b>10-06-10</b>	
FILE NOW!!! FEE IS \$538.75 Due by September 24, 2010		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PMGR BUCK, DAVID E 7162 FORTY BANKS ROAD HARMONY, FL 34773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VMGR BUCK, TERESA M 7162 FORTY BANKS ROAD HARMONY, FL 34773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100186612971 10/13/10--01002--014 **538.75</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BUCK, DAVID C 7162 FORTY BANKS ROAD HARMONY, FL 34773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>David E. Buck</i>		DATE: <b>10-06-10</b> 407-433-9891	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	