


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90283 004 ****50.00

DOCUMENT # M00000002011

1. Entity Name
S.A.F.E. INSPIRMERCIAL, LLC



Principal Place of Business
11927 MAIDSTONE DRIVE
WEST PALM BEACH FL 33414

Mailing Address
11927 MAIDSTONE DRIVE
WEST PALM BEACH FL 33414

60000177



1st MOORE CR2E083 (10/04)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
65-0875977

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MCEACHERN, WILLIAM D ESQ.
WINTHROP, STIMSON, PUTNAM & ROBERTS
125 WORTH AVENUE, SUITE 310
PALM BEACH FL 33480

7. Name and Address of New Registered Agent
Name: ABOUZEID, A. GEORGE
Street Address (P.O. Box Number is Not Acceptable):
11927 Maidstone Drive
West Palm Beach, FL, 33414
City: West Palm Beach FL Zip Code: 33414

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.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	S.A.F.E.	
STREET ADDRESS	11927 MAIDSTONE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	MEM.	<input type="checkbox"/> Delete
NAME	ABOUZEID, GEORGE	
STREET ADDRESS	11927 MAIDSTONE DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: George A. Abouzeid George A. ABOUZEID President 1.26.05 561-793-6383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #