

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000086149

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Entity Name:** TALLAHASSEE SAFE MOVERS, LLC

**Current Principal Place of Business:**

3305 CAPITAL CIRCLE NE  
STE 102  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

3305 CAPITAL CIRCLE NE  
STE 102  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

**FEI Number:** 45-4394574

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WESLEY, SHAWN L  
4697 NORTH MONROE STREET  
TALLAHASSEE, FL 32303 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:** S3 TRUST  
**Address:** 4697 NORTH MONROE STREET  
**City-St-Zip:** TALLAHASSEE, FL 32303

**Title:** MGRM  
**Name:** ZMAN TRUST  
**Address:** 4697 NORTH MONROE STREET  
**City-St-Zip:** TALLAHASSEE, FL 32303

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:** SHAWN L WESLEY, TRUSTEE

MGRM

03/14/2012

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