

2020 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M1400007573

Entity Name: S.A.F.E. CONSULTING, LLC

Current Principal Place of Business:

3519 ALT. 19
SUITES A AND B
PALM HARBOR, FL 34683

Current Mailing Address:

3519 ALT. 19
SUITES A AND B
PALM HARBOR, FL 34683 US

FEI Number: 20-3014942

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: JAME M HALPIN- ASST. SECRETARY

01/31/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	CEO, MANAGER	Title	VP, SECRETARY, AND MANAGER
Name	JEAN-PAUL, GUILBAULT	Name	LEE, L. JOSEPH JR.
Address	3519 ALT. 19 SUITES A AND B	Address	TERMINAL TOWER 50 PUBLIC SQUARE 29TH FLOOR
City-State-Zip:	PALM HARBOR FL 34683	City-State-Zip:	CLEVELAND OH 44113
Title	VICE PRESIDENT AND TREASURER	Title	MEMBER
Name	HAYNES, DANIEL J.	Name	ALICE TRAINING INSTITUTE LLC
Address	TERMINAL TOWER 50 PUBLIC SQUARE 29TH FLOOR	Address	1113 MEDINA ROAD, SUITE 700
City-State-Zip:	CLEVELAND OH 44113	City-State-Zip:	MEDINA OH 44256
Title	MANAGER	Title	MANAGER
Name	BARRETT, THOMAS M.	Name	GRAY, KEVIN
Address	3519 ALT. 19 SUITES A AND B	Address	3519 ALT. 19 SUITES A AND B
City-State-Zip:	PALM HARBOR FL 34683	City-State-Zip:	PALM HARBOR FL 34683
Title	MANAGER	Title	MANAGER
Name	LAYFIELD, STEPHEN R.	Name	POGORZELSKI, STEVE
Address	3519 ALT. 19 SUITES A AND B	Address	TERMINAL TOWER, 50 PUBLIC SQUARE, 29TH FLOOR
City-State-Zip:	PALM HARBOR FL 34683	City-State-Zip:	CLEVELAND OH 44113

Continues on page 2

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: L. JOSEPH LEE, JR.

**VICE PRESIDENT AND
SECRETARY**

01/31/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name MUELLER, DAVE
Address 3519 ALT. 19
 SUITES A AND B
City-State-Zip: PALM HARBOR FL 34683

Title MANAGER
Name WHANG, JOSEPH
Address 3519 ALT. 19
 SUITES A AND B
City-State-Zip: PALM HARBOR FL 34683