10000005317

(Requestor's Name)				
(Address)				
(Add	dress)			
(Cit	y/State/Zip/Phone	> #)		
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(Bu	siness Entity Nan	ne)		
(Document Number)				
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L-5317



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SECRETARY OF STATE
SECRETARY OF STATE
FLORIDA

JAN 18 AM 7:30

COVER LETTER

Division of Corporations		
SUBJECT: Home Safe, LLC		
(Name of Li	imited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning the	-	
7/enn - Glen Gullo	SECOND SE	08 至 8 至
(Name of Person)	HASS	8
Home Safe, LLC	 	3
(Firm/Company)		à c
5914 JET PORT INDUSTRIAL BLVI	<u>D</u>	
(Address)		
TAMPA FL 33634		
(City/State and Zip Code)		
For further information concerning this matter	r, please call:	
Glenn_		
	at (813) 890-8809	
(Name of Person)	(Area Code & Daytime Telephone Number)	,
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	; amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INH\$18 (8/05)



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

December 20, 2007

GLENN GULLO 5914 JET PORT INDUSTRIAL BLVD TAMPA, FL 33634

SUBJECT: HOME SAFE, LLC Ref. Number: L0000005317

We have received your document for HOME SAFE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 907A00070944

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p.2

STAT	EMENT OF	CHANGE OF	REGISTERE	D OFFICE	OR REGISTAL	red agent	OR
j	•	BOTH ROS	LIMITED LI	ABILITY U	.UMPARY		

	·	to the provisions of sections 608.416 or t	508.508, Florida Statutes	, the undersigned limited
į,	bility	t to the provisions of sections 608.416 or to company submits the following statement in both, in the State of Florida.	order to change its regis	nered office or registered
1	ii.			
	St.	ame of the limited liability company is: Hon		
2	Then	nalling address of the limited liability compan	ny is : <u>5914 Jet Port Ind.</u>	intrial Blvd
┪	ampa l	FL 33694		·
Ì		·	1.00000005247	
	5/09/2	· · · · · · · · · · · · · · · · · · ·	L0000005317 4. Document num	rber RASE JAN
٥.	Date	of filing/registration in Florida	T. Document non	EG 5
5	The n	ame of the registered agent and the registered	office address as shown	cin the records of the
į	Florid	a Department of State:		ASS. TO
ľ	,	Stephen A. Koch, PA		EF OF AM
- R		National Plant S	•	יי הקד
		500 E Kennedy Bivd, S		ි ලිය <i>-</i> :
ĺ		Addi Tampa FL 33602	TC53	STATE LORIDA
		City, State	and Zip	5 ''' ²
ľ	The n	ame and address of the new registered agent	•	•
Ĭ	. 1116 11		angrot viriot.	
		Gulf Royalle, Inc.	·····	
		Name 5914 Jet Port Industrial		: •
		Florida street address (P.C		•
ì		I that the street dealers (I	J. DON INCH ALCOPIZACE,	
			33634	<u></u>
j		City, State	and Zip	•
H	the lin	nited liability company is not organized unde	r the laws of the State of I	florida, it is hereby
ij.	online	ited liability company is not organized unde d that after the change or changes are made, usiness office of the registered agent will be	the Florida street address	of the registered office
i	nci ine (ability	company, it is hereby confirmed that the char	Hontical. Or, in the case.	ota Florida limited Id hv on officensive water
D.	t the m	(embers of the impited liability company or as	s otherwise provided in thi	e articles of organization
Ö	the op	erating agreement of the limited liability con	npany.	
	(N	m & Gallo Bresident		
5	gnuure (of a manufact or authorized representative of a member)		
Ì		L. T C. 1/2		
		typed name of signec)	```	
Į	hereby	occept the appointment as registered agent with the provisions of all statules relative to i familiar with and accept the obligations of t 600, r.S. Or, if this document is being filed I hereby confirm that the limited liability con	and agree to get in this of	posity. I further agree to
S	ampy v	YUN TRE Provisions of all statutes relative to fi Samiliar with and accept the obligations of s	he proper and complete the	triormanie of my duties,
	hapter laress	608, F.S. Or, if this document is heing filled it hereby confirm that the limited lightity con	to merely reflect a charge	In the registered office
			lle President	em aing of this change,
Ç		Registed Agent)	MB, Indiana	
		Division of Corporations, P.O. Re	og 6327, Tellahessee, Fil	32314
:		FILING FE		-
N	HS 18 (V05)		
		·		