

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019491

FILED  
May 13, 2007  
Secretary of State

**Entity Name:** A SAFE SPOT, LLC

**Current Principal Place of Business:**

3611 KILLDEER COURT  
MELBOURNE, FL 32904 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 120158  
W. MELBOURNE, FL 32912 US

**New Mailing Address:**

FEI Number: 59-3754796      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

OKERSTROM, MAUREEN M  
3611 KILLDEER COURT  
MELBOURNE, FL 32904 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: OKERSTROM, WILLIAM C  
Address: 3611 KILLDEER COURT  
City-St-Zip: MELBOURNE, FL 32904 US

Title: MGR ( ) Delete  
Name: OKERSTROM, MAUREEN M  
Address: 3611 KILLDEER COURT  
City-St-Zip: MELBOURNE, FL 32904 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MAUREEN OKERSTROM

MGR

05/13/2007

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