

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90095 009 ****50.00

DOCUMENT # L01000022820

1. Entity Name

ALL ABOUT SAFETY, LLC

DO NOT WRITE IN THIS SPACE

978280

2. Principal Place of Business

6060 Hialleah Street

Suite, Apt. #, etc.

3. Mailing Address

6060 Hialleah Street

Suite, Apt. #, etc.

City & State

Pace, Florida

City & State

Pace, Florida

4. FEI Number

02-0533342

Applied For

Not Applicable

Zip

32571

Country

US

Zip

32571

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Sheila J. Schultz

Street Address (P.O. Box Number is Not Acceptable)

6060 Hialleah Street

City

Pace

FL

Zip Code
32571

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Sheila J. Schultz
6060 Hialleah Street
Pace, Florida 32571

TITLE
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IN THIS SPACE**

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: Sheila J. Schultz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)