

L01000022820

DOCUMENT # L01000022820
1. Entity Name
ALL ABOUT SAFETY, LLC
REINSTATEMENT 2003



SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -9 AM 10:10

Principal Place of Business
6060 HIALEAH ST.
PACE FL 32571
US

Mailing Address
6060 HIALEAH ST.
PACE FL 32571
US



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
6060 HIALEAH STREET
Suite, Apt. #, etc.

3. Mailing Address
6060 HIALEAH 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

6. Name and Address of Current Registered Agent
SCHULTZ, SHEILA J
6060 HIALEAH ST.
PACE FL 32571

7. Name and Address of New Registered Agent
Name Sheila J. SCHULTZ
Street Address (P.O. Box Number is Not Acceptable)
6060 HIALEAH 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE *Sheila J. Schultz* DATE 3/18/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003
00023673375
9/03--01069--002 **150.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHULTZ, SHEILA J 6060 HIALEAH STREET PACE FL 32571 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2003 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* SHEILA J. SCHULTZ 3/18/03 (850) 450-8732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE. Date Daytime Phone #

CR2E083 (10/02)

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