

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0018503

DOCUMENT # L02000028427

1. Entity Name
SAFE HAVEN PPS, LLC



FILED

03 NOV -6 AM 18:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2003
☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business 17496 FUCHSIA ROAD FT. MYERS FL 33912		Mailing Address 17496 FUCHSIA ROAD FT. MYERS FL 33912	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

VENDETTI, DENISE
17496 FUCHSIA ROAD
FT. MYERS FL 33912

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 *Denise Vendetti*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Denise Vendetti</i> <i>17496 Fuchsia Rd</i> <i>Ft. Myers FL 33913</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT

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dec

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:

Denise Vendetti

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

9/27/03 239-340-0391

Date

Daytime Phone #

CR2E083 (4/03)