

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044834

FILED  
Mar 03, 2009  
Secretary of State

Entity Name: SOUTH WEST SAFETY, L.L.C.

**Current Principal Place of Business:**

4426 SW 12TH PLACE  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

4426 SW 12TH PL  
CAPE CORAL, FL 33914

**New Mailing Address:**

4426 SW 12TH PLACE  
CAPE CORAL, FL 33914

FEI Number: 51-0490197

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

OLINDER, JOAN  
14160 MONTAUK LANE  
FT. MYERS, FL 33919 US

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

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: ENGELHARD, JOE  
Address: 4426 SW 12TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR ( ) Delete  
Name: OLINDER, JAON  
Address: 14160 MONTAUK LANE  
City-St-Zip: FT. MYERS, FL 33919

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: OLINDER, JOAN  
Address: 14160 MONTAUK LANE  
City-St-Zip: FT. MYERS, FL 33919

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: ENGELHARD

MR

03/03/2009

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