

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047189

FILED
Aug 16, 2004
Secretary of State

Entity Name: ESSENTIAL SAFETY SOLUTIONS, L.L.C.

Current Principal Place of Business:

% MARY A. GLENNON
1621 WEKIVA CROSSING BLVD.
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

% MARY A. GLENNON
1621 WEKIVA CROSSING BLVD.
APOPKA, FL 32703

New Mailing Address:

FEI Number: 20-0529830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLENNON, MARY A
1621 WEKIVA CROSSING BLVD.
APOPKA, FL 32703 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/MEMBERS:

Title: MGRM () Delete
Name: GLENNON, MARY A
Address: 1621 WEKIVA CROSSING BLVD.
City-St-Zip: APOPKA, FL 32703

Title: MGRM () Delete
Name: GEURRERO, VINCENT R
Address: 1621 WEKIVA CROSSING BLVD.
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: GUERRERO, VINCENT R
Address: 1621 WEKIVA CROSSING BLVD.
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARY A GLENNON

MGRM

08/16/2004

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