


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 10 AM 9:52

DOCUMENT # L04000039796

1. Entity Name
SAFETY SEAL, LLC



Principal Place of Business
24709 RODAS DRIVE
BONITA SPRINGS, FL 34135 US

Mailing Address
P.O. BOX 38
BONITA SPRINGS, FL 34133

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 97
Suite, Apt. #, etc.

City & State
BONITA SPRINGS FL

Zip
34133

Country
USA



07142005 Chg-LLC CR2E083 (10/03)

4. FEI Number
201319792

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OTT, KEITH H 24709 RODAS DRIVE BONITA SPRINGS, FL 34135	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MANAGER MGR	NAME Keith OTT	TITLE	NAME 800060453408
STREET ADDRESS 24709 RODAS DR	CITY-ST-ZIP Bonita Springs FL 34135	STREET ADDRESS	CITY-ST-ZIP 10/10/05--01065--005 **50.00
TITLE ASST. MANAGER MGR	NAME NEVA S. OTT	TITLE	NAME 500061339335
STREET ADDRESS 24709 RODAS DR	CITY-ST-ZIP BONITA SPRINGS FL 34135	STREET ADDRESS	CITY-ST-ZIP 11/10/05--01033--012 **100.00
TITLE	NAME	TITLE	NAME REINSTATEMENT 2005
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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: Neve S. Ott **7-13-05** **239 495-7489**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #