


# 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
<b>OTT, KEITH H 24709 RODAS DRIVE BONITA SPRINGS, FL 34135</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>MANAGER MGR</b>	NAME <b>Keith OTT</b>	TITLE	NAME <b>800060453408</b>
STREET ADDRESS <b>24709 RODAS DR</b>	CITY-ST-ZIP <b>Bonita Springs FL 34135</b>	STREET ADDRESS	CITY-ST-ZIP <b>10/10/05--01065--005 **50.00</b>
TITLE <b>ASST. MANAGER MGR</b>	NAME <b>NEVA S. OTT</b>	TITLE	NAME <b>500061339335</b>
STREET ADDRESS <b>24709 RODAS DR</b>	CITY-ST-ZIP <b>BONITA SPRINGS FL 34135</b>	STREET ADDRESS	CITY-ST-ZIP <b>11/10/05--01033--012 **100.00</b>
TITLE	NAME	TITLE	NAME <b>REINSTATEMENT 2005</b>
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 #