2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000047184

1. Entity Name
IMS SAFETY, LLC

Principal Place of Business	Mailing Address
3405 POWERLINE RD 1208 OAKLAND PARK, FL 33309 US	20 SHAGBARK STREET MIDDLETOWN, NY 10941 US

01132006No Chg-LLC CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0874889

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
516 E. PARK AVE.
TALLAHASSEE, FL 32301

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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 May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	IMS SAFETY INC.
STREET ADDRESS	20 SHAGBARK STREET
CITY-ST-ZIP	MIDDLETOWN, NY 10941
TITLE	MGRM
NAME	BIO-RECOVERY CORP.
STREET ADDRESS	51-49 47TH STREET
CITY-ST-ZIP	WOODSIDE, NY 113717329
TITLE	MGR
NAME	CEVALLOS, LUIS
STREET ADDRESS	3405 POWERLINE RD SUITE 1208
CITY-ST-ZIP	OAKLAND PARK, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/06-80029-017 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Diana Mazzuco IMS Safety Inc. 1-13-06 845 692-7226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #