

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000064599

FILED
Oct 13, 2009
Secretary of State

Entity Name: SAFETY TUBS HOLDINGS, LLC

Current Principal Place of Business:

C/O LAMONT NEIMAN INTERIAN & BELLET, P.A.
2 S. BISCAYNE BLVD., STE. 3550
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O LAMONT NEIMAN INTERIAN & BELLET, P.A.
2 S. BISCAYNE BLVD., STE. 3550
MIAMI, FL 33131

New Mailing Address:

FEI Number: 51-0522755 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LAMONT NEIMAN INTERIAN & BELLET, P.A.
2 S. BISCAYNE BLVD., STE. 3550
MIAMI, FL 33131 US

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: JAN S. NEIMAN, ESQ. SECRETARY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NEIDICH, ANDRE J
Address: 23415 DRAYTON DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: MGR () Delete
Name: REBECCA, NEIDICH S
Address: 23415 DRAYTON DRIVE
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

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

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

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: ANDRE NEIDICH

MNGR

10/13/2009

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