
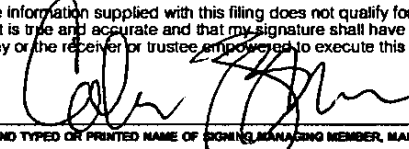


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90055 026 ****50.00

DOCUMENT # L05000052866 1. Entity Name ALTARIS SAFETY AND ENGINEERING SERVICES LLC					
Principal Place of Business 2361 BAKER AVE. ORLANDO, FL 32833 US			Mailing Address 2361 BAKER AVE. ORLANDO, FL 32833 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-2575761	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HUGHES, MICHAEL D 2361 BAKER AVE. ORLANDO, FL 32833				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUGHES, MICHAEL D		NAME		
STREET ADDRESS	2361 BAKER AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32833		CITY-ST-ZIP		
TITLE	MGR		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZSIROS, COLMAN M		NAME	MGR	
STREET ADDRESS	1747 SOPHIAS DRIVE APT. 301		STREET ADDRESS	3356 INDIGO CROSSING DRIVE	
CITY-ST-ZIP	VIERA, FL 32940		CITY-ST-ZIP	VIERA, FL 32955	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			4-20-06 321-750-3309		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					