

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

EPDVNF0U!\$ L05000063653

2/ Entity Name  
SAFA, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 19 AM 10: 09

Principal Place of Business  
424!Q!POESV#  
JNPLBVF!Q!45253

Mailing Address  
424!Q!POESV#  
JNPLBVF!Q!45253



3/ Principal Place of Business

4/ Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10142006 SF.D.MD DS3F2121)22016\*

City & State

City & State

5/ FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

6/ Certificate of Status Desired ☐

%6/11 Beejupobm  
G f IS f r vj s e

7/ Obn f lboe!Bees f t t lpgDves f ouS f hjt u f s f e!Bhf ou

8/ Obn f lboe!Bees f t t lpgOf x IS f hjt u f s f e!Bhf ou

OZBAY, IBRAHIM  
313 NIXON DRIVE  
IMMOKALEE, FL 34142

Name

Street Address (P.O. Box Number is Not Acceptable)

City

GM

Zip Code

9/ 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

*Ibrahim Ozbay*

Signature, typed or printed name of registered agent and title if applicable.

JOPUF: IS f hjt u f s f e!Bhf out f h o b u s f t t r v j s e k l f o t f j o t u b j o h \*

DATE

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2007, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

## MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME OZBAY, IBRAHIM  
STREET ADDRESS 313 NIXON DRIVE  
CITY-ST-ZIP IMMOKALEE, FL 34142 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
800081024388  
10/19/06--01034--012 \*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
REINSTATEMENT 2006

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

22/ 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.

TJHOBVUSF:

*Ibrahim Ozbay*

TJHOBVUSF BOE UZQFE PS OSJDFE OBNF PG TJHODH NBOBHJH NFNCFS: NBOBHS-PSBIVU P5J FEISFGSTFOUBUMF

Date

Daytime Phone #