

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

2007 APR -5 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000086162

1. Entity Name
SAFER ROADS LLC



Principal Place of Business
9556 HISTORIC KINGS ROAD SOUTH
SUITE 315
JACKSONVILLE, FL 32257

Mailing Address
9556 HISTORIC KINGS ROAD SOUTH
SUITE 315
JACKSONVILLE, FL 32257

DO NOT WRITE IN THIS SPACE



01312007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3391636

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOODBREAD, MICHAEL E JR
50 NORTH LAURA STREET, STE. 2200
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	DRISKELL, GREG
STREET ADDRESS	9556 HISTORIC KINGS RD S, STE 315
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-18-07 904733222