

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED
May 02, 2008 08:00 AM
Secretary of State



03112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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	

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05/29/08-80069-002 138.75

**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

4/29/08

Date

904 733 2121

Daytime Phone #