

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000012280

FILED
Mar 20, 2009
Secretary of State

Entity Name: SAFE ZONE, LLC

Current Principal Place of Business:

% 3530 KRAFT ROAD
SUITE 100
NAPLES, FL 34105

New Principal Place of Business:

3530 KRAFT ROAD
SUITE 100
NAPLES, FL 34105

Current Mailing Address:

% 3530 KRAFT ROAD
SUITE 100
NAPLES, FL 34105

New Mailing Address:

3530 KRAFT ROAD
SUITE 100
NAPLES, FL 34105

FEI Number: 20-4355430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VALENTINE, ROBERT D PRES
3530 KRAFT ROAD
SUITE 100
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: VP () Delete
Name: SCHALLERT, JOHN B VP
Address: 3530 KRAFT ROAD SUITE 100
City-St-Zip: NAPLES, FL 34105 US

Title: VP () Delete
Name: NOLEN, DUSTIN VP
Address: 3530 KRAFT ROAD SUITE 100
City-St-Zip: NAPLES, FL 34105 US

Title: PRES () Delete
Name: VALENTINE, ROBERT D PRES
Address: 3530 KRAFT ROAD SUITE 100
City-St-Zip: NAPLES, FL 34105 US

ADDITIONS/CHANGES:

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

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: ROBERT D. VALENTINE

PRES

03/20/2009

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