

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000012280

Entity Name: SAFE ZONE, LLC

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3530 KRAFT ROAD  
SUITE 100  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

3530 KRAFT ROAD  
SUITE 100  
NAPLES, FL 34105

**New Mailing Address:**

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

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

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

I hereby 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

02/24/2010

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