


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90207 039 ****50.00

DOCUMENT # L06000062607 1. Entity Name UNITED SAFES OF AMERICA, LLC					
Principal Place of Business 19 INDIAN SPRINGS DRIVE ORMOND BEACH, FL 32174			Mailing Address 19 INDIAN SPRINGS DRIVE ORMOND BEACH, FL 32174		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">20-5076929</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">Applied For Not Applicable</div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01042007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LINGE, JOSEPH F 19 INDIAN SPRINGS DRIVE ORMOND BEACH, FL 32174			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<div style="border: 1px solid black; padding: 2px;">President</div> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<div style="border: 1px solid black; padding: 2px;">Joseph F. Linge</div>		NAME		
STREET ADDRESS	<div style="border: 1px solid black; padding: 2px;">19 Indian Springs Dr.</div>		STREET ADDRESS		
CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;">Ormond Beach, FL 32174</div>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Joseph F. Linge</i>			01-04-07 (384) 871-8061		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		