PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PLE/	ASE READ	ALL INSTRUC	MOIT	S.BEFORE	COMPLET	TING THIS FORM.		
COMPANY			A DEPARTMENT OF STATE Secretary of State IVISION OF CORPORATIONS			FILED IG-6 PM 1:24		
DOCUMENT # L 0 60000 0 6 3 5 7 8 1. Limited Liability Company's Name Safety Harboi LLC					SECR TALLA	ETARY OF STATE HASSEE, FLORIDA		
2. Principal Office Address - No	3. Mailing Office Address			CR2E041 (1/11)				
1185 Cedar Street Suite, Apt. #, etc.		1185 Cedar Street Suite, Apt #, etc.			State/Country of Formation Florida, USA			
				Date Organized or Qualified To Do Business in Florida 06/22/2006				
City & State Safety Harbor, F	City & State Safety Harbor, FL			6. FEI Numb		Applied For Not Applicable		
21p Countr 34695 USA	•	^{Zip} 34695	US	intry A	7.			
8. Name and Address of Current Registered Agent Name Douglas R Holland Street Address (P.O. Box Number is Not Acceptable) 1185 Cedar Street Suite, Apt. #, Etc. City Safety Harbor 9. I, being appointed the registered agent of the above named limited flability company, am familiar with and Signature of Registered Agent Titles Name of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers				doug((To b)	Date 07/30/13			
MGRM Douglas R Holland			1185 Cedar Street			Safety Harbor	, FL 34695	
REINST	MENT 2	r 2010·2013			L. SELLERS			
fees owed by the limited liabil	the reason for dissoluty company have be re that false informations.	elution has been eliminaten paid. The information submitted in a docul	ted, the limin indicated prent to the	ted liability compan- on this application i	y name satisfies ti s true and accura e constitutes a thi	d for in Chapter 608, F.S. I further requirements of section 608 4 te, and my signature shall have rid degree felony as provided for Daytime Phone #	i06, F.S., and that all the same legal effect as in s 817 155, F.S.	