


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90177 004 ****55.00

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|------------------------------------|--|---|
| DOCUMENT # L06000067520 | |  |
| 1. Entity Name SAFE SUPPLY, LLC | | |

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| Principal Place of Business 6312 U.S. HIGHWAY 301 N. #242 ELLENTON, FL 34222 US | Mailing Address 6312 U.S. HIGHWAY 301 N. #242 ELLENTON, FL 34222 US |
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60030247



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| 2. Principal Place of Business - No P.O. Box # 6312 US Hwy 301 N. Suite, Apt. #, etc. #242 City & State ELLENTON FL Zip 34222 Country USA | 3. Mailing Address 6312 US Hwy 301 N. Suite, Apt. #, etc. #242 City & State ELLENTON FL Zip 34222 Country USA |
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03272007 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 20-5169128 | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent ARBOGAST, BEVERLY 6312 U.S. HIGHWAY 301 N. #242 ELLENTON, FL 34222 | | 7. Name and Address of New Registered Agent 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 _____

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ARBOGAST, BEVERLY 6312 U.S. HIGHWAY N. #242 ELLENTON, FL 34222 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ROBERTSON, RON 6312 U.S. HIGHWAY N. #242 ELLENTON, FL 34222 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CLETUS, INC. 6312 U.S. HIGHWAY N. #242 ELLENTON, FL 34222 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Beverly Arbogast 3/27/07 941-531-4328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #