

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000067520

FILED
Nov 21, 2007
Secretary of State**Entity Name:** SAFE SUPPLY, LLC**Current Principal Place of Business:**6312 US HWY 301 N
#242
ELLENTON, FL 34222 US**New Principal Place of Business:****Current Mailing Address:**6312 US HWY 301 N
#242
ELLENTON, FL 34222 US**New Mailing Address:****FEI Number:** 20-5169128**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ARBOGAST, BEVERLY
6312 U.S. HIGHWAY 301 N.
#242
ELLENTON, FL 34222 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:** MGRM (X) Delete
Name: ARBOGAST, BEVERLY
Address: 6312 U.S. HIGHWAY N. #242
City-St-Zip: ELLENTON, FL 34222 US**Title:** MGRM () Delete
Name: ROBERTSON, RON
Address: 6312 U.S. HIGHWAY N. #242
City-St-Zip: ELLENTON, FL 34222 US**Title:** MGRM (X) Delete
Name: CLETUS, INC.,
Address: 6312 U.S. HIGHWAY N. #242
City-St-Zip: ELLENTON, FL 34222 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: RON ROBERTSON

MGRM

11/21/2007

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