2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# L06000069680

Entity Name: BEE SAFE, LLC

Current Principal Place of Business:

445 SOUTHWEST SAINT LUCIE STREET
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

445 SOUTHWEST SAINT LUCIE STREET
STUART, FL 34997

New Mailing Address:

11480 RIDDLE DRIVE
SPRING HILL, FL 34609

FEI Number: 22-3938561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR ( ) Delete
Name: VANSCIVER, ADELE
Address: 445 SOUTHWEST SAINT LUCIE STREET
City-St-Zip: STUART, FL 34997

Title: ST ( ) Delete
Name: VANSCIVER, ADELE
Address: 445 SOUTHWEST SAINT LUCIE STREET
City-St-Zip: STUART, FL 34997

Title: VP ( ) Delete
Name: VANSCIVER, J. HOWARD
Address: 445 SOUTHWEST SAINT LUCIE STREET
City-St-Zip: STUART, FL 34997

Title: VP ( ) Delete
Name: VANSCIVER, JOSH
Address: 445 SOUTHWEST SAINT LUCIE STREET
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: VANSCIVER, ADELE
Address: 11480 RIDDLE DRIVE
City-St-Zip: SPRING HILL, FL 34609

Title: ST (X) Change ( ) Addition
Name: VANSCIVER, ADELE
Address: 11480 RIDDLE DRIVE
City-St-Zip: SPRING HILL, FL 34609

Title: VP (X) Change ( ) Addition
Name: VANSCIVER, J. HOWARD
Address: 11480 RIDDLE DRIVE
City-St-Zip: SPRING HILL, FL 34609

Title: VP (X) Change ( ) Addition
Name: VANSCIVER, JOSH
Address: 11480 RIDDLE DRIVE
City-St-Zip: SPRING HILL, FL 34609

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: ADELE VANSCIVER MGR 01/13/2009

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