

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L06000072591

1. Entity Name

HOME SAFE ENVIRONMENTAL, LLC



Principal Place of Business

4306 KERNEL CIRCLE  
FT. MYERS, FL 33916

Mailing Address

4306 KERNEL CIRCLE  
FT. MYERS, FL 33916



01252008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-5184611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NICHOLSON-FOUST, PATRICIA B  
4306 KERNEL CIRCLE  
FT. MYERS, FL 33916

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TODD, GINA M
STREET ADDRESS	4306 KERNEL CIRCLE
CITY-ST-ZIP	FT. MYERS, FL 33916
TITLE	MGRM
NAME	FOUST, CHRISTOPHE J
STREET ADDRESS	4306 KERNEL CIRCLE
CITY-ST-ZIP	FT. MYERS, FL 33916
TITLE	MGRM
NAME	NICHOLSON-FOUST, PATRICIA B
STREET ADDRESS	4306 KERNEL CIRCLE
CITY-ST-ZIP	FT. MYERS, FL 33916
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000825648  
02/21/08-80018-011 138.75

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MANAGING  
2-4-08 239-939-3000  
MEMBER