

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000097121

**Entity Name:** MY SAFEKEEPINGS VAULT LLC

**FILED**  
**Aug 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

251 ST JOHNS RIVER PLACE LANE  
SWITZERLAND, FL 32259 US

**New Principal Place of Business:**

**Current Mailing Address:**

251 ST JOHNS RIVER PLACE LANE  
SWITZERLAND, FL 32259 US

**New Mailing Address:**

FEI Number: 20-5664716      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MONAKEY, MICHAEL J  
11945 SAN JOSE BLVD  
SUITE 201  
JACKSONVILLE, FL 32223 US

**Name and Address of New Registered Agent:**

MONAKEY, MICHAEL J  
12443 SAN JOSE BLVD SUITE  
SUITE 301  
JACKSONVILLE, FL 32223 US

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:

08/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MCNEIL, BARRY L  
Address: 251 ST JOHNS RIVER PLACE LANE  
City-St-Zip: SWITZERLAND, FL 32259 US

I hereby 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: BARRY L MCNEIL

MGRM

08/30/2011

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