

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90026 040 \*\*\*\*55.00

**DOCUMENT # L06000098887**

1. Entity Name  
**WINDSAFE LLC**



Principal Place of Business  
**8896 GREENWICH HILLS WAY  
FORT MYERS, FL 33908**

Mailing Address  
**8896 GREENWICH HILLS WAY  
FORT MYERS, FL 33908**



2. Principal Place of Business - No P.O. Box #

**12995 S. CLEVELAND AVE**

3. Mailing Address

**12995 S. CLEVELAND AVE.**

Suite, Apt. #, etc.

**SUITE PBS 58**

Suite, Apt. #, etc.

**SUITE PBS 58**

City & State

**FORT MYERS, FL**

City & State

**FORT MYERS, FL**

Zip

**33907**

Country

**USA**

Zip

**33907**

Country

**USA**

04132007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

**87-0784537**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional

Fee Required

6. Name and Address of Current Registered Agent

**DIBBS, RICHARD J  
8896 GREENWICH HILLS WAY  
FORT MYERS, FL 33908**

7. Name and Address of New Registered Agent

Name

**LOUIS A. CROCCO, JR.**

Street Address (P.O. Box Number is Not Acceptable)

**9006 ASTORIA WAY**

City

**FORT MYERS**

**FL**

Zip Code

**33967**

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]*

**PRO-DONT member**

**4/24/07**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **DIBBS, RICHARD J**  
STREET ADDRESS **3217 COUNTRY CLUB LANE**  
CITY-ST-ZIP **HURON, OH 44839**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MANAGING MEMBER** ☐ Change ☒ Addition  
NAME **LOUIS A. CROCCO JR**  
STREET ADDRESS **9006 ASTORIA WAY**  
CITY-ST-ZIP **FORT MYERS FL 33967**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*

**4/24/07**

**239-337-9450**

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

Date

Daytime Phone #