

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L06000098887

1. Entity Name  
WINDSAFE LLC



Principal Place of Business  
12995 S. CLEVELAND AVE  
SUITE 8BS 58  
FORT MYERS, FL 33907

Mailing Address  
12995 S. CLEVELAND AVE  
SUITE 8BS 58  
FORT MYERS, FL 33907



01252008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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**

CROCCO JR, LOUIS A  
9006 ASTONIA WAY  
FORT MYERS, FL 33967

**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**

U000000833499  
02/28/08-80015-013 138.75

**9. MANAGING MEMBERS/MANAGERS**

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

TITLE MGRM  
NAME CROCCO JR, LOUIS A  
STREET ADDRESS 9006 ASTONIA WAY  
CITY-ST-ZIP FORT MYERS, FL 33967

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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

2/2/08 239-454-3954  
Date Daytime Phone #