


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90108 021 ***138.78

DOCUMENT # L06000101315	
1. Entity Name SAFE HOME SECURITY LLC	

Principal Place of Business 13488 LANSING AVE PORT CHARLOTTE, FL 33981 US	Mailing Address 13488 LANSING AVE PORT CHARLOTTE, FL 33981 US
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2. Principal Place of Business - No P.O. Box # 14942 WICHITA RD	3. Mailing Address 14942 WICHITA RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PORT CHARLOTTE, FL	City & State PORT CHARLOTTE, FL
Zip 33981	Country CHARLOTTE
Zip 33981	Country CHARLOTTE

50003256



03262008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5727413	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GALLUCCI, FRANK J 13488 LANSING AVE PORT CHARLOTTE, FL 33981	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 14942 WICHITA RD	
City PORT CHARLOTTE	FL Zip Code 33981

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  **PRESIDENT** DATE **3/27/2008**

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLUCCI, FRANK J 13488 LANSING AVE PORT CHARLOTTE, FL 33981 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14942 WICHITA RD PORT CHARLOTTE, FL 33981 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **PRESIDENT** DATE **3/27/2008** 941-421-9583

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

Date

Daytime Phone #