



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000108344 1. Entity Name SAFETY WITH STYLE, LLC	
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Principal Place of Business 4535 DOMESTIC AVE., SUITE D NAPLES, FL 34104	Mailing Address 4535 DOMESTIC AVE., SUITE D NAPLES, FL 34104
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DO NOT WRITE IN THIS SPACE



03122008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5936189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SLADICK, ABBIE
4535 DOMESTIC AVE., SUITE D
NAPLES, FL 34104**

**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 _____

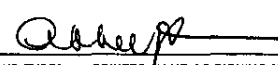
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLADICK, ABBIE 2611 66TH ST SW NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARMSTRONG, ASHLEY 1115 RESERVE CT SUITE 301 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000944155
05/29/08-80088-014 138.75

**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:  **4/30/08 239-403-4722**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #