

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000047548

FILED
Aug 05, 2009
Secretary of State

Entity Name: FLORIDA SAFETY & HEALTH EDUCATORS LLC

Current Principal Place of Business:

3682 NORTH WICKHAM ROAD, SUITE B-1
MELBOURNE, FL 32935

New Principal Place of Business:

3682 NORTH WICKHAM ROAD
SUITE B1-213
MELBOURNE, FL 32935

Current Mailing Address:

3682 NORTH WICKHAM ROAD, SUITE B-1
MELBOURNE, FL 32935

New Mailing Address:

3682 NORTH WICKHAM ROAD
SUITE B1-213
MELBOURNE, FL 32935

FEI Number: 22-3964070 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ARANOW, DAVID M
3682 N. WICKHAM ROAD
BI-213
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

ARONOW, DAVID M
3682 N. WICKHAM ROAD
BI-213
MELBOURNE, FL 32935 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: DAVID M. ARONOW

08/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ARONOW, DAVID M
Address: 3682 NORTH WICKHAM ROAD, SUITE B-1
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ARONOW, DAVID M
Address: 3682 NORTH WICKHAM ROAD, SUITE B1-213
City-St-Zip: MELBOURNE, FL 32935

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAVID M. ARONOW

MGR

08/05/2009

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