

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000047548

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA SAFETY & HEALTH EDUCATORS LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

1270 NORTH WICKHAM ROAD  
SUITE 16-521  
MELBOURNE, FL 32935

**Current Mailing Address:**

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

**New Mailing Address:**

1270 NORTH WICKHAM ROAD  
SUITE 16-521  
MELBOURNE, FL 32935

**FEI Number:** 22-3964070

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ARONOW, DAVID M  
1270 N. WICKHAM ROAD  
16-521  
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:

03/08/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ARONOW, DAVID M  
Address: 1270 NORTH WICKHAM ROAD, SUITE 16-521  
City-St-Zip: MELBOURNE, FL 32935

I hereby 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

MR

03/08/2011

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