

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2008 8:00 am
Secretary of State

04-21-2008 90320 004 ***138.75

DOCUMENT # L07000048975

1. Entity Name
SAFE TO GO LLC



Principal Place of Business
**5656 66TH ST. NORTH
SUITE A
ST. PETERSBURG, FL 33709**

Mailing Address
**5656 66TH ST. NORTH
SUITE A
ST. PETERSBURG, FL 33709**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number **02-0801034**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUBENSTEIN, A.
5656 66TH ST. NORTH
SUITE A
ST. PETERSBURG, FL 33709**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HURWITZ, J.
5656 66TH ST. NORTH # A
ST. PETERSBURG, FL 33709** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: J. Hurwitz

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

4-8-08 727-327-3444

Date Daytime Phone #

7-11-8

ATTACHMENT

30010512

Florida Department of State
- Secretary of State -
DIVISION OF CORPORATIONS
P. O. Box 8700
TALLAHASSEE, Florida 32314

RE : "NOTICE OF INTENT TO DISSOLVE" post card as per attached

- and -

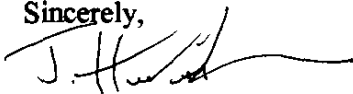
S A F E T O G O L L C

Dear Sir(s)/Madame(s) :

- 1] we have not received any prior notification regarding same, otherwise we would have responded immediately ;
- 2] yesterday, we learned from speaking with someone within your department that this is based upon an omission of the " FEI" number on our " Uniform Business Report " which on April 15th, 2008; we mailed to your office with our \$ 138.75 payment which your office cashed on May 1st, 2008 ; and
- 3] that all we have to do to clarify and reinstate the utility of this " LLC " is to add the " FEI" number on a copy of our " Uniform Business Report - Annual Report " which we have done as per attached ;
- 4] we thank you for your help in this matter and apologize for our omission, and request
- 5] your office please send us notice that this " L L C " has been reinstated.

We thank you in advance for your help in this matter.

Sincerely,



J. Hurwitz, Manager
Safe To Go L L C
5656 66th St. North , Suite A ,
St. Petersburg, FL 33709 - 1515