



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-21-2008 90320 005 \*\*\*138.75

<b>DOCUMENT # L07000049002</b> 1. Entity Name <b>SAFETY PATH LLC</b>					
Principal Place of Business <b>5656 66TH ST. NORTH SUITE A ST. PETERSBURG, FL 33709</b>			Mailing Address <b>5656 66TH ST. NORTH SUITE A ST. PETERSBURG, FL 33709</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		04072008    Chg-LLC    CR2E083 (12/06)	
Zip		Country		4. FEI Number <b>02-0807033</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For Not Applicable       </div>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>RUBENSTEIN, A. 5656 66TH ST. NORTH SUITE A ST. PETERSBURG, FL 33709</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>9. MANAGING MEMBERS/MANAGERS</b> </div> <div style="width: 45%;"> <b>10. ADDITIONS/CHANGES</b> </div> </div>					
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		
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		
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		
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		
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		
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.					
<b>SIGNATURE: J. H. A. MANAGER</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<b>4-8-08 722-327-3444</b> <small>Date Daytime Phone #</small>	

7 - 11 - 8

ATTACHMENT

300/0273

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 Y      P A T H      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 15<sup>th</sup>, 2008; we mailed to your office with our \$ 138.75 payment which your office cashed on May 1<sup>st</sup>, 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  
Safety Path L L C  
5656 66<sup>th</sup> St. North, Suite A,  
St. Petersburg, Fl 33709 - 1515