

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055983

FILED
Apr 15, 2009
Secretary of State

Entity Name: SAFEWAVE LLC

Current Principal Place of Business:

710 BOCA CIEGA ISLE DR
ST PETE BEACH, FL 33706

New Principal Place of Business:

14115B 63RD WAY N
CLEARWATER, FL 33760

Current Mailing Address:

710 BOCA CIEGA ISLE DR
ST PETE BEACH, FL 33706

New Mailing Address:

14115B 63RD WAY N
CLEARWATER, FL 33760

FEI Number: 26-0680185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHECHNER, STEVEN A
710 BOCA CIEGA ISLE DR
ST PETE BEACH, FL 33706 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHECHNER, STEVEN A
Address: PO BOX 66083
City-St-Zip: ST PETE BEACH, FL 33706

Title: MGRM () Delete
Name: STAFFORD, RANDY
Address: 14692 67TH TRAIL N
City-St-Zip: WEST PALM BEACH, FL 33418

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: SCHECHNER, JEREMY
Address: 1640 PICARDY CIRCLE
City-St-Zip: CLEARWATER, FL 33755

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: STEVEN SCHECHNER

MGRM

04/15/2009

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