

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088099

FILED
Feb 22, 2008
Secretary of State

Entity Name: SAFER DATES LLC

Current Principal Place of Business:

1840 CORAL WAY, 4TH FLOOR
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

1545 HIGHLAND AVENUE SOUTH, SUITE 246
CLEARWATER, FL 33756

New Mailing Address:

2198 NE COACHMAN RD
#164
CLEARWATER, FL 33765

FEI Number: 26-0776836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: () Delete
Name:
Address:
City-St-Zip:

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

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: DEAGUILA, DOREEN
Address: 1500 ROSEMERIE ST
City-St-Zip: CLEARWATER, FL 33755 US

Title: MGRM () Change (X) Addition
Name: STARRATT, JOYCE
Address: 1910 PEPPERMILL DR
City-St-Zip: CLEARWATER, FL 33763 US

Title: MGRM () Change (X) Addition
Name: BLACKBURN, MATTHEW
Address: 7501 ULMERTON RD #2024
City-St-Zip: LARGO, FL 33771 US

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: DOREEN DEAGUILA

MGRM

02/22/2008

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