

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000117183

**Entity Name:** SAFEROUTE PRODUCTS, LLC

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5649 SECOND STREET WEST, UNIT #108  
LEHIGH ACRES, FL 33971

**New Principal Place of Business:**

**Current Mailing Address:**

5649 SECOND STREET WEST, UNIT #108  
LEHIGH ACRES, FL 33971

**New Mailing Address:**

12061 NOKOMIS CT  
FT MYERS, FL 33905

**FEI Number:** 26-1471914

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SNELL, MARY V  
1833 HENDRY STREET  
FORT MYERS, FL 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:** MGR  
**Name:** ROMER, WILLIAM J  
**Address:** 5649 SECOND STREET WEST - UNIT 108  
**City-St-Zip:** LEHIGH ACRES, FL 33971

**Title:** MGR  
**Name:** ROMER, JEFFERSON E  
**Address:** 5649 SECOND STREET WEST - UNIT 108  
**City-St-Zip:** LEHIGH ACRES, FL 33971

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:** JEFFERSON E ROMER

MGR

01/13/2011

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