

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125530

Entity Name: ALL HOME SAFETY, LLC

FILED  
Jan 22, 2008  
Secretary of State

**Current Principal Place of Business:**

345 66TH STREET NORTH  
ST. PETERSBURG, FL 33710 US

**New Principal Place of Business:**

**Current Mailing Address:**

345 66TH STREET NORTH  
ST. PETERSBURG, FL 33710 US

**New Mailing Address:**

PO BOX 41314  
ST. PETERSBURG, FL 33743 US

FEI Number: 26-1798573

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MCCANN, TRENT  
345 66TH STREET NORTH  
ST. PETERSBURG, FL 33710 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: MCCANN, TRENT  
Address: 345 66TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: MGRM ( ) Delete  
Name: RAND, MICHELLE  
Address: 345 66TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33710 US

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: RAND MCCANN, MICHELLE  
Address: 345 66TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33710 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: MICHELLE RAND MCCANN

MGR

01/22/2008

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