

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001996

FILED
Feb 11, 2009
Secretary of State

Entity Name: SOTERIA SAFETY PRODUCTS, L.L.C.

Current Principal Place of Business:

18430 SW 78 PLACE
MIAMI, FL 33157

New Principal Place of Business:

1200 BYBERRY ROAD
SUITE 1100
HUNTINGDON VALLEY, PA 19006

Current Mailing Address:

18430 SW 78 PLACE
MIAMI, FL 33157

New Mailing Address:

1200 BYBERRY ROAD
SUITE 1100
HUNTINGDON VALLEY, PA 19006

FEI Number: 26-1715711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARROU, MICHAEL
18430 SW 78 PLACE
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

ASPLUNDH, GISELLE
13611 DEERING BAY DRIVE
CORAL GABLES, FL 33158 US

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: GISELLE ASPLUNDH

02/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: MARROU, MICHAEL
Address: 18430 SW 78 PLACE
City-St-Zip: MIAMI, FL 33157

Title: MGRM () Delete
Name: ASPLUNDH, GISELLE
Address: 18430 SW 78 PLACE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: ASPLUNDH, GISELLE
Address: 13611 DEERING BAY DRIVE
City-St-Zip: CORAL GABLES, FL 33158

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: GISELLE ASPLUNDH

MGRM

02/11/2009

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