

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005949

Entity Name: EVRSAFE, LLC

FILED  
Apr 13, 2011  
Secretary of State

## Current Principal Place of Business:

6466 NW 5TH WAY  
FT LAUDERDALE, FL 33309 US

## New Principal Place of Business:

5747 NORTH ANDREWS WAY  
FORT LAUDERDALE, FL 33309 US

## Current Mailing Address:

6466 NW 5TH WAY  
FT LAUDERDALE, FL 33309 US

## New Mailing Address:

5747 NORTH ANDREWS WAY  
FORT LAUDERDALE, FL 33309 US

FEI Number: 26-2462100

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TEDRICK, MICHELE  
6466 NW 5TH WAY  
FT LAUDERDALE, FL 33309 US

## Name and Address of New Registered Agent:

TEDRICK, MICHELE  
5747 NORTH ANDREWS WAY  
FT LAUDERDALE, FL 33309 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:

04/13/2011

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: P  
Name: JOHN, DAVID L P  
Address: 5747 NORTH ANDREWS WAY  
City-St-Zip: FT LAUDERDALE, FL 33309 US

Title: VP  
Name: FAULKHEAD, SHANE VP  
Address: 5747 NORTH ANDREWS WAY  
City-St-Zip: FT LAUDERDALE, FL 33309 US

Title: S  
Name: PLATT, GEORGE S  
Address: 5747 NORTH ANDREWS WAY  
City-St-Zip: FT LAUDERDALE, FL 33309 US

Title: VPT  
Name: JOHN, DIANA M  
Address: 5747 NORTH ANDREWS WAY  
City-St-Zip: FT LAUDERDALE, FL 33309 US

Title: VP  
Name: COLLINS, STEPHEN M VP  
Address: 5747 NORTH ANDREWS WAY  
City-St-Zip: FT LAUDERDALE, FL 33309 US

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: DAVID L JOHN

P

04/13/2011

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