

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051789

FILED
Feb 11, 2009
Secretary of State

Entity Name: PROFESSIONAL SAFETY DISTRIBUTORS OF AMERICA, LLC

Current Principal Place of Business:

30 SKYLINE DR.
SUITE 220
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

30 SKYLINE DR.
SUITE 220
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 26-2657178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONE, BETHANY
30 SKYLINE DR.
SUITE 220
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

CONE, BETHANY A
30 SKYLINE DR.
SUITE 220
LAKE MARY, FL 32746 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: BETHANY A. CONE

02/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SPRAGUE, ERIKA
Address: 80 S.W. 8TH STREET, SUITE 2000
City-St-Zip: MIAMI, FL 33130 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CONE, BETHANY A
Address: 30 SKYLINE DRIVE, SUITE 220
City-St-Zip: LAKE MARY, FL 32746 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: BETHANY A. CONE

MGRM

02/11/2009

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