

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000058706

Entity Name: SAFETY TOONS 4-U, LLC

**FILED**  
**Mar 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

13561 STRATFORD PLACE  
#203  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

13561 STRATFORD PLACE  
#203  
FORT MYERS, FL 33919 US

**New Mailing Address:**

FEI Number: 26-2826797

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAPELLO, LARRY  
13561 STRATFORD PLACE  
#203  
FORT MYERS, FL 33919 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  
Name: CAPELLO, LARRY  
Address: 13561 STRATFORD PLACE #203  
City-St-Zip: FORT MYERS, FL 33919 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: LARRY CAPELLO

MGRM

03/16/2010

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