

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Dec 10, 2009  
Secretary of State**

DOCUMENT# L08000103475

Entity Name: SAFE-T-COMM, LLC

**Current Principal Place of Business:**

12274 WINDTREE BLVD.  
SEMINOLE, FL 33772

**New Principal Place of Business:**

611 DRUID RD.  
SUITE 404  
CLEARWATER, FL 33756

**Current Mailing Address:**

12274 WINDTREE BLVD.  
SEMINOLE, FL 33772

**New Mailing Address:**

611 DRUID RD.  
SUITE 404  
CLEARWATER, FL 33756

FEI Number: 26-3671724

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUSH, CATHARINE Y  
12274 WINDTREE BLVD.  
SEMINOLE, FL 33772 US

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

FITZPATRICK, JOANN Y  
502 BUCKINGHAM AVE. W  
OLDSMAR, FL 34677 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: JOANN FITZPATRICK

12/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BUSH, CATHARINE Y  
Address: 12274 WINDTREE BLVD.  
City-St-Zip: SEMINOLE, FL 33772

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FITZPATRICK, JOANN  
Address: 502 BUCLINGHAM AVE W  
City-St-Zip: OLDSMAR, FL 34677

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: JOANN FITZPATRICK

MGR

12/10/2009

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