

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000116979

**FILED**  
**Apr 09, 2011**  
**Secretary of State**

**Entity Name:** NATURE COAST SAFETY EDUCATORS, LLC

**Current Principal Place of Business:**

106 CREST DRIVE  
PERRY, FL 32348

**New Principal Place of Business:**

**Current Mailing Address:**

106 CREST DRIVE  
PERRY, FL 32348

**New Mailing Address:**

**FEI Number:** 26-4443794

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FISH, JOHN K  
106 CREST DRIVE  
PERRY, FL 32348 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:** FISH, JOHN K  
**Address:** 106 CREST DRIVE  
**City-St-Zip:** PERRY, FL 32348

**Title:** MGRM  
**Name:** GRUBBS, LAWRENCE W  
**Address:** 718 SW 2ND STREET  
**City-St-Zip:** TRENTON, FL 32693

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:** JOHN K. FISH

MGRM

04/09/2011

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