

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000031625

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** A SAFE RIDES HOME \* WEST LLC

**Current Principal Place of Business:**

19930 CLAUDE CIRCLE  
PANAMA CITY BEACH, FL 32413

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7791  
PANAMA CITY BEACH, FL 32413

**New Mailing Address:**

**FEI Number:** 26-4600498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HANCOCK, CHARLES  
19930 CLAUDE CIRCLE  
PANAMA CITY BEACH, FL 32413 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:** A-ALLSTAR TRANSPORTATION SERVICE LLC  
**Address:** PO BOX 7791  
**City-St-Zip:** PANAMA CITY BEACH, FL 32413

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: CHARLES HANCOCK

MGR

04/25/2012

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