

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000102225

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA SAFETY SERVICE LLC.

**Current Principal Place of Business:**

350 24TH STREET N.W. #202-G  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

1807 3RD COURT SE  
SUITE 15  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

350 24TH STREET N.W. #202-G  
WINTER HAVEN, FL 33880

**New Mailing Address:**

1807 3RD COURT SE  
SUITE 15  
WINTER HAVEN, FL 33880

**FEI Number:** 27-3579574

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GARFIELD, JAMES MICHAEL  
359 24TH STREET N.W. #202-G  
WINTER HAVEN, FL 33880 US

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

GARFIELD, JAMES MICHAEL  
350 24TH STREET N.W.  
202-G  
WINTER HAVEN, FL 33880 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:

04/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: GARFIELD, JAMES M  
Address: 350 24TH STREET N.W. #202-G  
City-St-Zip: WINTER HAVEN, FL 33880

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: JAMES M GARFIELD

CEO

04/30/2011

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