

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000030843

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** SAFEHANDS SOLUTIONS, LLC

**Current Principal Place of Business:**

C/O PAULA MINER, CCR LLP  
1400 COMPUTER DRIVE, SUITE 300  
WESTBOROUGH, MA 01581

**New Principal Place of Business:**

C/O PAULA MINER, GT, LLP  
1400 COMPUTER DRIVE, SUITE 300  
WESTBOROUGH, MA 01581

**Current Mailing Address:**

C/O PAULA MINER, CCR LLP  
1400 COMPUTER DRIVE, SUITE 300  
WESTBOROUGH, MA 01581

**New Mailing Address:**

C/O PAULA MINER, GT, LLP  
1400 COMPUTER DRIVE, SUITE 300  
WESTBOROUGH, MA 01581

**FEI Number:** 27-5550175

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEAN MEAD SERVICES, LLC  
800 N MAGNOLIA AVENUE  
SUITE 1500  
ORLANDO, FL 32803 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:** MGR  
**Name:** POITRAS, EDWARD W  
**Address:** 949 HAMILTON CIRCLE  
**City-St-Zip:** HAINES CITY, FL 33844

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:** EDWARD POITRAS

MGR

03/19/2012

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