

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000138488

Entity Name: SUB SAFE LLC

**FILED**  
**Dec 05, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

920 ASHMEADE COURT  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

1139 KANE DRIVE  
PORT ORANGE, FL 32129

**Current Mailing Address:**

920 ASHMEADE COURT  
PORT ORANGE, FL 32127

**New Mailing Address:**

1139 KANE DRIVE  
PORT ORANGE, FL 32129

FEI Number: 46-3777569

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VIENS, TIMOTHY N  
920 ASHMEADE COURT  
PORT ORANGE, FL 32127 US

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

VIENS, TIMOTHY N  
1139 KANE DRIVE  
PORT ORANGE, FL 32129 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: TIMOTHY VIENS

12/05/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: HALLER, ADAM L  
Address: 1139 KANE DRIVE  
City-St-Zip: PORT ORANGE, FL 32129

Title: MGR  
Name: VIENS, TIMOTHY N  
Address: 920 ASHMEADE COURT  
City-St-Zip: PORT ORANGE, FL 32127

Title: MGR  
Name: HALLER, DESIREE L  
Address: 1139 KANE DRIVE  
City-St-Zip: PORT ORANGE, FL 32129

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: TIMOTHY VIENS

MGR

12/05/2014

Electronic Signature of Authorized Person

Date