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COVER LETTER

Division of Corp	porations		
SAFETY SUBJECT:	HARBOR INDUSTRI	AL GROUP LI	_C
	Name of Lim	ited Liability Comp	pany
Dear Sir or Madam:			
The enclosed Statement of	of Authority and fee(s) are su	bmitted for filing.	
Please return all correspo	ndence concerning this matt	er to the following:	
BENNETT ANDRE	WS		
·—·	Name of Person		
SAFETY HARBOR	INDUSTRIAL GROU	IP LLC	
	Firm/Company		
PO BOX 143			
	Address		
ST PETERSBURG	, FL 33731		
City/St	ate and Zip Code		
STPETEHOUSING	@GMAIL.COM		
E-mail address:	(to be used for future annual	report notification)
For further information c	oncerning this matter, please	call:	
BENNETT ANDRE	ws	727 _ at (385-5586
Name o	of Person	Area Code	Daytime Telephone Number
STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, Flo	oorations Center Circle	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314

TO: Registration Section

Pursuant to section 6 authority:	05.0302(1), Florida Statutes, this limited liability company submits the follow	ving state
•	of the limited liability company is: Safety Harbor Industrial Group I	LC_
SECOND: The Flo	rida Document Number of the limited liability company is:	6
	address of the limited liability company's principal office is:	
ST PETI	ERSBURG, FL 33701	-
The maili		_
ST DET	TRONIDO EL 00704	_
FOURTH: This sta	tement of authority grants or sets limitations of authority on all persons havin in a company, whether as a member, transferee, manager, officer or otherwise ing:	
FOURTH: This state position of a person person on the followed. May ex	tement of authority grants or sets limitations of authority on all persons havin in a company, whether as a member, transferee, manager, officer or otherwise ing:	or to a s
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Certified Copy: \$30.00 (optional)