

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90283 004 ****50.00

DOCUMENT # M00000002011

1. Entity Name:

S.A.F.E. INSPIRMERCIAL, LLC



Principal Place of Business

11927 MAIDSTONE DRIVE
WEST PALM BEACH FL 33414

Mailing Address

11927 MAIDSTONE DRIVE
WEST PALM BEACH FL 33414

60000111



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0875977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCEACHERN, WILLIAM D ESQ.
WINTHROP, STIMSON, PUTNAM & ROBERTS
125 WORTH AVENUE, SUITE 310
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

ABOUZEID, A. GEORGE

Street Address (P.O. Box Number is Not Acceptable)

11927 Maidstone Drive

West Palm Beach, FL, 33414

City

West Palm Beach

FL

Zip Code

33414

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME S.A.F.E.
STREET ADDRESS 11927 MAIDSTONE DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33414

TITLE MEM ☐ Delete
NAME ABOUZEID, GEORGE
STREET ADDRESS 11927 MAIDSTONE DR.
CITY-ST-ZIP WEST PALM BEACH FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: George A. Abouzeid
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1.28.04 561-793-6383
Date Daytime Phone #