

2006 LIMITED LIABILITY

ANNUAL REPORT (AR)

DOCUMENT #.M00000002011

1. Entity Name

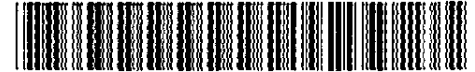
S.A.F.E. INSPIRMERCIAL, LLC



FILED
Mar 03, 2006 08:00 AM
Secretary of State

Principal Place of Business
 11927 MAIDSTONE DRIVE
 WEST PALM BEACH FL 33414

Mailing Address
 11927 MAIDSTONE DRIVE
 WEST PALM BEACH FL 33414



1st MOORE

CR2E083 (10/05)

4. FEI Number
 65-0875977

Applied For
 Not Applied

5. Certificate of Status Desired ☐ \$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GEORGE, ABOUZEID A
 11927 MAIDSTONE DRIVE
 WEST PALM BEACH FL 33414

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2006

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 ☐ Add
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

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

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
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 STREET ADDRESS
 CITY- ST- ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

2/20/06 561-793-638