


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 27, 2008 08:00 AM
Secretary of State


DOCUMENT # M04000000431

1. Entity Name
LIFESAFER SERVICE PROVIDERS, LLC



Principal Place of Business 1908 HUDSON AVENUE CINCINNATI, OH 45212	Mailing Address 1908 HUDSON AVENUE CINCINNATI, OH 45212
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DO NOT WRITE IN THIS SPACE



07072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 31-1671455	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LYNCH, TERRY M
 5842 COMMERCE ROAD
 MILTON, FL 32583**

DO NOT WRITE IN THIS SPACE

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: *Sally Freund, Director of Finance* 8-19-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREUND, RICHARD 1908 HUDSON AVENUE CINCINNATI, OH 45212
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Sally Freund* Sally Freund 8-19-08 513-651-9560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #