


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90042 025 ****55.00

DOCUMENT # M05000002276 1. Entity Name AFT SAFETY & ENVIRONEMENTAL, LLC					
Principal Place of Business 84 NEWTON PLAZA PLAINVIEW, NY 11803			Mailing Address 84 NEWTON PLAZA PLAINVIEW, NY 11803		
2. Principal Place of Business		3. Mailing Address 4327 S. Highway 27			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 306			
City & State		City & State CLERMONT, FL			
Zip	Country	Zip 34711	Country USA	4. FEI Number 74-3068177	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LAVELLE, PATRICIA 4327 S HIGHWAY 27 STE 306 CLERMONT, FL 34711			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 <u><i>Patricia Lavelle</i></u> DATE <u>2/20/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUNNINGHAM, ANDREW 84 NEWTON PLAZA PLAINVIEW, NY 11803 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICE Manager Patricia Lavelle 4327 S. Highway 27 Suite 306 Clermont, FL 34711 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Patricia Lavelle</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>2/20/06</u> <u>352-536-6830</u> <small>Date Daytime Phone #</small>		

02/15/2006 23:48

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Attachment AMERICAN FIT TESTING

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DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

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ANNUAL REPORT NOTICE

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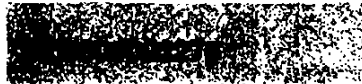
11003-450004
AFT SAFETY & ENVIRONMENTAL, LLC
84 NEWTON PLAZA
PLAINVIEW NY 11803-4500

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- Detach this postcard.
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- Affix postage on reverse side and mail.

Document #



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PLAINVIEW NY 11803-4500



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