

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000151521

**Entity Name:** ALLIS SAFE, LLC

**Current Principal Place of Business:**

1713 EAST SILVER SPRINGS BLVD.  
SUITE 1  
OCALA, FL 34470

**Current Mailing Address:**

1713 EAST SILVER SPRINGS BLVD.  
SUITE 1  
OCALA, FL 34470

**FEI Number:** 46-1511270

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCHATT, J. THEODORE  
328 NE 1ST AVENUE  
SUITE 100  
OCALA, FL 32270 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name STIPP, TOM  
Address 1713 EAST SILVER SPRINGS BLVD.,  
SUITE 1  
City-State-Zip: Ocala FL 34470

Title MGRM  
Name DIEHLMAN, ANTHONY  
Address 1713 EAST SILVER SPRINGS BLVD.,  
SUITE 1  
City-State-Zip: Ocala FL 34470

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTHONY DIEHLMAN

**OWNER**

**04/24/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date