

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000134179

**Entity Name:** SAFEOCCSOLUTION LLC

**Current Principal Place of Business:**

86239 CAESARS AVE  
YULEE, FL 32097

**Current Mailing Address:**

92 SIROCCO CT  
FALLING WATERS, WV 25419 US

**FEI Number:** 82-5355326

**Certificate of Status Desired:** Yes

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

CRUIKSHANK, RICHARD  
86239 CAESARS AVE  
YULEE, FL 32097 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            OWNER  
Name            CRUIKSHANK, RICHARD  
Address        86239 CAESARS AVE  
City-State-Zip: YULEE FL 32097

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICHARD CRUIKSHANK

OWNER

04/12/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date