

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 06/01/2007
REQUEST NUMBER: 07152527

FILE/REGISTRATION DATE: 10/04/2006
STATUS: ACTIVE
CONTROL NUMBER: 0531207
JURISDICTION: TENNESSEE

TO:
VAN SHAVER
568 FORD RD

LENOIR CITY, TN 37772

REQUESTED BY:
VAN SHAVER
568 FORD RD

LENOIR CITY, TN 37772

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"SAFE HARBOR, LLC"

WAS FORMED OR QUALIFIED TO DO BUSINESS IN THE STATE OF TENNESSEE ON THE ABOVE
DATE, AND THAT THE ATTACHED DOCUMENT(S) WAS/WERE FILED IN THIS OFFICE ON THE
DATE(S) AS BELOW INDICATED.

REFERENCE NUMBER	DATE FILED	FILING TYPE	FILING ACTION
6015-0348	04/01/2007	AN RPT	NAM DUR STK PRN OFC AGT INC MAL FYC

FOR: REQUEST FOR COPIES

ON DATE: 06/01/07

FEES

FROM:
VAN SHAVER
568 FORD RD

RECEIVED: \$20.00 \$0.00

TOTAL PAYMENT RECEIVED: \$20.00

LENOIR CITY, TN 37772-0000

RECEIPT NUMBER: 00004203510
ACCOUNT NUMBER: 00569574



SS-4458

Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE

Please return completed form to:
TENNESSEE SECRETARY OF STATE
Attn: Annual Report
312 Eighth Avenue N. 6th Floor
William R. Snodgrass Tower
Nashville, TN 37243

Annual Report Filing Fee Due:
\$50 per member, with a minimum fee of \$300 and a maximum fee of \$3000.
There is an additional fee of \$20 if any changes are made in block #6 to the
registered agent/office.

CURRENT FISCAL YEAR CLOSING MONTH: 12

THIS REPORT IS DUE ON OR BEFORE: 04/01/07

(1) SECRETARY OF STATE CONTROL Number: 0531207

(2A.) NAME AND MAILING ADDRESS OF COMPANY

(2B.) STATE OR COUNTRY OF FORMATION

TENNESSEE

SAFE HARBOR, LLC

114 LOVELL ROAD
SUITE 201
KNOXVILLE, TN 37934

[illegible]

D 10/04/2006 FOR PROFIT

(2C.) ADD OR CHANGE MAILING ADDRESS:

RECEIVED
STATE OF TENNESSEE
2007 APR -3 AM 9:56
RILEY DARNELL
SECRETARY OF STATE

(3) A. PRINCIPAL ADDRESS INCLUDING CITY, STATE, ZIP CODE:
114 LOVELL ROAD, SUITE 201, KNOXVILLE, TN 37934
B. CHANGE OF PRINCIPAL ADDRESS:

STREET	CITY	STATE	ZIP CODE + 4
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(4) This LLC is ☐ BOARD MANAGED ☐ DIRECTOR MANAGED ☐ MANAGER MANAGED ☒ MEMBER MANAGED (check one box)
If board, director, or manager managed, provide the names and business addresses, including zip codes, of the governors, directors, or managers (or their equivalent), respectively. Attach an additional sheet if necessary.

NAME	BUSINESS ADDRESS	CITY, STATE, ZIP CODE + 4
ROB GRATIGNY	114 LOVELL ROAD, SUITE 201	KNOXVILLE, TN 37934

(5) Provide the names and business addresses, including zip codes, of the LLC managers (if governed by the LLC Act), or any officers (if governed by the Revised LLC Act), (or their equivalent), respectively. Attach an additional sheet if necessary.

NAME	BUSINESS ADDRESS	CITY, STATE, ZIP CODE + 4

(6) A. NAME OF REGISTERED AGENT AS APPEARS ON SECRETARY OF STATE RECORDS:

ROB GRATIGNY

B. REGISTERED ADDRESS AS APPEARS ON SECRETARY OF STATE RECORDS:

114 LOVELL ROAD, SUITE 201, KNOXVILLE, TN 37934

C. INDICATE BELOW ANY CHANGES TO THE REGISTERED AGENT NAME AND/OR REGISTERED OFFICE.

(i.) **CHANGE OF REGISTERED AGENT:**

(ii.) CHANGE OF REGISTERED OFFICE (Street Address):

(City) _____ (State) TN (Zip Code + 4) _____ (County) _____

(7) Number of members on the date the annual report is executed if there are more than six (6) members:

☐ This LLC is prohibited from engaging in business in Tennessee (check box if applicable).

(8) SIGNATURE

(9) DATE _____

(10) TYPEPRINT NAME OF SIGNER

(11) TITLE OF SIGNER

* * THIS REPORT MUST BE DATED AND SIGNED * *

