

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000067916

FILED
Apr 06, 2009
Secretary of State

Entity Name: ALLEGIANT BAIL BOND, LLC

Current Principal Place of Business:

4215 12TH STREET, S.W.
VERO BEACH, FL 32968 US

New Principal Place of Business:

843 8TH ST
VERO BEACH, FL 32962 US

Current Mailing Address:

4215 12TH STREET, S.W.
VERO BEACH, FL 32968 US

New Mailing Address:

FEI Number: 26-3002040 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JENKINS, TRACEY T
4215 12TH STREET, S.W.
VERO BEACH, FL 32968 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JENKINS, JAMES T
Address: 4215 12TH STREET, S.W.
City-St-Zip: VERO BEACH, FL 32968 US

Title: MGRM () Delete
Name: JENKINS, TRACEY T
Address: 4215 12TH STREET, S.W.
City-St-Zip: VERO BEACH, FL 32968 US

Title: MGRM () Delete
Name: JENKINS, CODY L
Address: 4215 12TH ST.REET, S.W.
City-St-Zip: VERO BEACH, FL 32968 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: TRACEY JENKINS

PRES

04/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date