

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000006778

**FILED**  
**Mar 31, 2014**  
**Secretary of State**  
**CC4041320496**

**Entity Name:** ASURION WARRANTY PROTECTION SERVICES OF FLORIDA, LLC

**Current Principal Place of Business:**

8880 WARD PARKWAY  
5TH FLOOR  
KANSAS CITY, MO 64114

**Current Mailing Address:**

8880 WARD PARKWAY  
5TH FLOOR  
KANSAS CITY, MO 64114

**FEI Number: 43-1926823**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MGR  
Name TAWHEEL, KEVIN M  
Address 160 BOVET ROAD, SUITE 402  
City-State-Zip: SAN MATEO CA 94402

Title MGR  
Name GUNNING, MARK  
Address 648 GRASSMERE PARK DRIVE  
STE 100  
City-State-Zip: NASHVILLE TN 37211

Title MGR  
Name ELLIS, STEVE  
Address 160 BOVET RD  
STE 402  
City-State-Zip: SAN MATEO CA 94402

*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: STEVE ELLIS**

**CEO & MANAGER**

**03/31/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date