

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000006778

**FILED**  
**Mar 05, 2019**  
**Secretary of State**  
**0091565685CC**

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

**Current Principal Place of Business:**

11460 TOMAHAWK CREEK PKWY  
SUITE 300  
LEAWOOD, KS 66211

**Current Mailing Address:**

648 GRASSMERE PARK  
SUITE 100  
NASHVILLE, TN 37211 US

**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	MANAGER	Title	MANAGER
Name	DETTOR, ROGER A	Name	STOREY, JOHN A
Address	160 BOVET RD, STE 402	Address	48 GRASSMERE PARK, SUITE 100
City-State-Zip:	SAN MATEO CA 94402	City-State-Zip:	NASHVILLE TN 37211

*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: ROGER DETTOR**

**MANAGER**

**03/05/2019**

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

\_\_\_\_\_  
Date