

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000001727

**Entity Name:** ASURION PROTECTION SERVICES, LLC

**Current Principal Place of Business:**

11460 TOMAHAWK CREEK PKWY  
SUITE 300  
LEAWOOD, KS 66211

**FILED**  
**Mar 27, 2024**  
**Secretary of State**  
**8442680951CC**

**Current Mailing Address:**

140 11TH AVE N  
ATTN: LICENSING DEPT.  
NASHVILLE, TN 37203 US

**FEI Number:** 48-1248614

**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	MAGYERA, ANDREA	Name	STADTHAUS, TIM
Address	140 11TH AVE N ATTN: LICENSING DEPT.	Address	140 11TH AVE N ATTN: LICENSING DEPT.
City-State-Zip:	NASHVILLE TN 37203	City-State-Zip:	NASHVILLE TN 37203

*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:** ANDREA MAGYERA

**MANAGER**

**03/27/2024**

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

\_\_\_\_\_  
Date