

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026126

FILED
Apr 29, 2009
Secretary of State

Entity Name: I SEE NO PROBLEM BAIL BONDS, LLC

Current Principal Place of Business:

6524 NORWOOD AVE
JACKSONVILLE, FL 32208

New Principal Place of Business:

6524 NORWOOD AVE
JACKSONVILLE, FL 32208

Current Mailing Address:

2411 ROGERO ROAD
JACKSONVILLE, FL 322114009

New Mailing Address:

FEI Number: 42-1599583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUST, STEVEN E
50 N. LAURA STREET
JACKSONVILLE, FL 32202 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: M () Delete
Name: ODEN, CEDRIC
Address: 2411 ROGERO RD
City-St-Zip: JACKSONVILLE, FL 32211

Title: M (X) Delete
Name: DOWSTON, RODERICK
Address: 6524 NORWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ODEN, CEDRIC
Address: 2411 ROGERO RD
City-St-Zip: JACKSONVILLE, FL 32211

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: CEDRIC ODEN

MGR

04/29/2009

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