

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062498

FILED  
Jul 14, 2005  
Secretary of State

Entity Name: SEMINOLE SURETY AGENCY, LLC

**Current Principal Place of Business:**

10002 SHELBYVILLE ROAD, SUITE 100  
LOUISVILLE, KY 40223

**New Principal Place of Business:**

**Current Mailing Address:**

10002 SHELBYVILLE ROAD, SUITE 100  
LOUISVILLE, KY 40223

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: DIERUF, THOMAS A  
Address: 10002 SHELBYVILLE ROAD, SUITE 100  
City-St-Zip: LOUISVILLE, KY 40223

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

Title: MGRM ( ) Delete  
Name: BUCHANAN, DONALD A  
Address: 10002 SHELBYVILLE ROAD, SUITE 100  
City-St-Zip: LOUISVILLE, KY 40223

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

Title: MGRM ( ) Delete  
Name: CAMPBELL, DAVID E  
Address: 10002 SHELBYVILLE ROAD, SUITE 100  
City-St-Zip: LOUISVILLE, KY 40223

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS DIERUF

MGRM

07/14/2005

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