

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097837

Entity Name: SURE-UP, LLC

FILED  
Apr 13, 2006  
Secretary of State

**Current Principal Place of Business:**

500 TRINITY LANE  
3307  
ST. PETERSBURG, FL 33716 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 55217  
ST. PETERSBURG, FL 33732 US

**New Mailing Address:**

FEI Number: 59-3824119

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HESSTON, KATE  
500 TRINITY LANE 3307  
ST. PETERSBURG, FL 33716 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: MGR ( ) Delete  
Name: HESSTON, KATE  
Address: 500 TRINITY LANE 3307  
City-St-Zip: ST. PETERSBURG, FL 33716 US

Title: MGRM ( ) Delete  
Name: PELTON, THOMAS  
Address: 59 DOGWOOD  
City-St-Zip: HOMASASSA SPRINGS, FL 34446 US

Title: MGR (X) Delete  
Name: HAGAN, WALTER  
Address: 10 PETRIS COURT  
City-St-Zip: HOMASASSA SPRINGS, FL 34446 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HESSTON, KATE  
Address: 500 TRINITY LANE 3307  
City-St-Zip: ST. PETERSBURG, FL 33716 US

Title: MGR (X) Change ( ) Addition  
Name: PELTON, THOMAS  
Address: 59 DOGWOOD  
City-St-Zip: HOMASASSA SPRINGS, FL 34446 US

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 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: KATE HESSTON

MGRM

04/13/2006

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