

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000110238

FILED
Jun 15, 2009
Secretary of State**Entity Name:** SURE SURVIVAL LLC**Current Principal Place of Business:**13755 N. NEBRASKA AVE
TAMPA, FL 33613**New Principal Place of Business:****Current Mailing Address:**13755 N. NEBRASKA AVE
TAMPA, FL 33613**New Mailing Address:****FEI Number:** 20-3805055**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MUSHINSKY, BRAD RA
405 S DALE MABRY HWY #345
TAMPA, FL 33609 US**Name and Address of New Registered Agent:**VASDEN, JR, WILLIAM MANAGER
13755 N NEBRASKA AVENUE
TAMPA, FL 33613 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: WILLIAM VASDEN JR

06/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MM () Delete
Name: VASDEN, JR., WILLIAM MANAGER
Address: 13755 N. NEBRASKA AVE
City-St-Zip: TAMPA, FL 33613 US**ADDITIONS/CHANGES:****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: WILLIAM VASDEN JR

MAN

06/15/2009

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