## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000003942

Entity Name: ASSURED SPE, LLC

**FILED** Apr 29, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

510 DOUGLAS AVENUE 510 DOUGLAS AVENUE ALTAMONTE SPRINGS, FL 32746

**SUITE 1001** 

ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:** New Mailing Address:

510 DOUGLAS AVENUE 400 SADDLEWORTH PLACE ALTAMONTE SPRINGS, FL 32746 LAKE MARY, FL 32746

FEI Number: 20-4110301 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MEADOWS, DAVID MEADOWS, DAVID M 510 DOUGLAS AVENUE 510 DOUGLAS AVENUE ALTAMONTE SPRINGS, FL 32746 US **SUITE 1001** 

ALTAMONTE SPRINGS, FL 32714 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: DAVID M MEADOWS 04/29/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: (X) Change ( ) Addition () Delete ASSURED SPE MANAGEMENT LLC ASSURED SPE MANAGEMENT LLC Name: Name: Address: 510 DOUGLAS AVENUE Address: 510 DOUGLAS AVENUE #1001 City-St-Zip: ALTAMONTE SPRINGS, FL 32746 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: DAVID M MEADOWS 04/29/2009