

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L06000071264</b>	
1. Entity Name <b>SURETY WAREHOUSE, LLC</b>	
Principal Place of Business <b>411 WILSON AVE. TALLAHASSEE, FL 32303</b>	Mailing Address <b>411 WILSON AVE. TALLAHASSEE, FL 32303</b>



**FILED**

2009 JAN 12 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01062009 No Chg-LLC

CR2E083 (11/08)

4. FEI Number <b>20-5217053</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**COLLIER, KENNETH J  
411 WILSON AVE.  
TALLAHASSEE, FL 32303**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2009 Fee will be \$538.75**

**400139914154**  
01/07/09--01052--005 \*\*138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLIER, KENNETH 411 WILSON AVE. TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLIER, JOAN P 411 WILSON AVE. TALLAHASSEE, FL 32303
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**KENNETH J. Collier**

**MGR**

**1-6-09**

**850-980-4217**

Date

Daytime Phone #