2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# L07000054337

Entity Name: SURE INDUSTRIES L.C.

Current Principal Place of Business:

1303 SUNRISE DRIVE
NORTH FT MYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4579
NORTH FT MYERS, FL 33918 US

New Mailing Address:

FEI Number: 61-1532175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AILANT, JAMES R
1303 SUNRISE DR
NORTH FT MYERS, FL 33917 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: MGRM ( ) Delete
Name: AILANT, JAMES R
Address: 1303 SUNRISE DR
City-St-Zip: NORTH FT MYERS, FL 33917 US

Title: MGRM ( ) Delete
Name: HUNTER, LINDA B
Address: 1298 SUNRISE DR
City-St-Zip: NORTH FT MYERS, FL 33917 US

Title: MGRM ( ) Delete
Name: HUNTER, WILLIAM J
Address: 1298 SUNRISE DR
City-St-Zip: NORTH FT MYERS, FL 33917 US

ADDITIONS/CHANGES:

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

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

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: JAMES R AILANT MGRM 01/07/2008

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