

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098732

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: RELIABLE BAIL BONDS, LLC

**Current Principal Place of Business:**

136-4 E UNION STREET  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

136 E UNION STREET  
4  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

5850 NORWOOD AVENUE  
JACKSONVILLE, FL 32208

**New Mailing Address:**

FEI Number: 26-3584934

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIMMONS, SHERRY H  
5850 NORWOOD AVENUE  
JACKSONVILLE, FL 32208 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: MAKE IT HAPPEN BAIL BONDS  
Address: 5850 NORWOOD AVENUE  
City-St-Zip: JACKSONVILLE, FL 32208

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MAKE IT HAPPEN BAIL BONDS  
Address: 5850 NORWOOD AVENUE  
City-St-Zip: JACKSONVILLE, FL 32208

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: SHERRY SIMMONS

PRES

04/29/2009

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