2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2009
Secretary of State

DOCUMENT# L08000104376

Entity Name: LIBERTY BAIL BONDS, LLC

Current Principal Place of Business:

1611 N. COCOA BLVD., UNIT A
COCOA, FL 32922 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 777
SHARPES, FL 32959 US

New Mailing Address:

FEI Number: 26-3757894 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMALLBIZ AGENTS, LLC
4244 W. TENNESSEE ST. #185
TALLAHASSEE, FL 32304 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: CALKINS, DAVID
Address: P.O. BOX 183 SHARPES
City-St-Zip: SHARPES, FL 32959 US

Title: MGRM ( ) Delete
Name: O'BRIEN, JOHN
Address: P.O. BOX 183 SHARPES
City-St-Zip: SHARPES, FL 32959 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CALKINS, DAVID
Address: P.O. BOX 183
City-St-Zip: SHARPES, FL 32959 US

Title: MGRM (X) Change ( ) Addition
Name: O'BRIEN, JOHN
Address: P.O. BOX 183
City-St-Zip: SHARPES, FL 32959 US

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: JOHN O'BRIEN MGRM 04/12/2009

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