

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000104376

**Entity Name:** LIBERTY BAIL BONDS, LLC

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**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 ( )**

**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:**

O'BRIEN, JOHN E MR.  
1611 N. COCOA BLVD.  
SUITE A  
COCOA, FL 32922 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: JOHN O'BRIEN

02/16/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CALKINS, DAVID G MR.  
Address: P.O. BOX 183  
City-St-Zip: SHARPES, FL 32959 US

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

I hereby 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

02/16/2010

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