

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000968

FILED
Mar 17, 2011
Secretary of State

Entity Name: ALPHA SURETY & INSURANCE BROKERAGE, LLC

Current Principal Place of Business:

THREE FINACIAL CENTRE
900 S. SHACKLEFORD RD. #401
LITTLE ROCK, AR 72211

New Principal Place of Business:

Current Mailing Address:

THREE FINACIAL CENTRE
900 S. SHACKLEFORD RD. #401
LITTLE ROCK, AR 72211

New Mailing Address:

FEI Number: 04-3674915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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
Name: JENKINS, JASON L
Address: THREE FINACIAL CENTRE 900 SHACKLEFORD RD 4
City-St-Zip: LITTLE ROCK, AR 72211

Title: MGR
Name: ELEY, CHRIS L
Address: THREE FINACIAL CENTRE 900 SHACKLEFORD RD 4
City-St-Zip: LITTLE ROCK, AR 72211

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: JASON L JENKINS

MGRM

03/17/2011

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