

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M06000001284

FILED
Oct 16, 2009
Secretary of State

Entity Name: CONSTRUCTION SURETY AND INSURANCE SERVICES, LLC

Current Principal Place of Business:

400 LOCUST STREET, SUITE 300
DES MOINES, IA 50309

New Principal Place of Business:

Current Mailing Address:

400 LOCUST STREET, SUITE 300
DES MOINES, IA 50309

New Mailing Address:

FEI Number: 20-3963521 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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: CATHI J. WALL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: DE STIGTER, GLENN H
Address: 400 LOCUST STREET, SUITE 300
City-St-Zip: DES MOINES, IA 50309

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

Title: MGR () Delete
Name: STRUTT, DAVID S
Address: 400 LOCUST STREET, SUITE 300
City-St-Zip: DES MOINES, IA 50309

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

Title: MGR () Delete
Name: DAMOS, CRAIG P
Address: 400 LOCUST STREET, SUITE 300
City-St-Zip: DES MOINES, IA 50309

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

Title: MGR () Delete
Name: MALLONEE, MARK
Address: 400 LOCUST STREET, SUITE 300
City-St-Zip: DES MOINES, IA 50309

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: DAVID S. STRUTT

MGR

10/16/2009

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