

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000001284

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** CONSTRUCTION SURETY AND INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

5901 THORNTON AVENUE  
DES MOINES, IA 50321

**New Principal Place of Business:**

**Current Mailing Address:**

5901 THORNTON AVENUE  
DES MOINES, IA 50321

**New Mailing Address:**

**FEI Number:** 20-3963521

**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:** DE STIGTER, GLENN H  
**Address:** 5901 THORNTON AVENUE  
**City-St-Zip:** DES MOINES, IA 50321

**Title:** MGR  
**Name:** STRUTT, DAVID S  
**Address:** 5901 THORNTON AVENUE  
**City-St-Zip:** DES MOINES, IA 50321

**Title:** MGR  
**Name:** MARTLING, LEONARD W JR.  
**Address:** 5901 THORNTON AVENUE  
**City-St-Zip:** DES MOINES, IA 50321

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:** DAVID STRUTT

MGR

02/15/2012

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