

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000001307

**Entity Name:** SERVICE NET WARRANTY, LLC

**Current Principal Place of Business:**

650 MISSOURI AVE  
JEFFERSONVILLE, IN 47130

**Current Mailing Address:**

650 MISSOURI AVE  
JEFFERSONVILLE, IN 47130 US

**FEI Number:** 26-4328522

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                 |                 |                                |
|-----------------|---------------------------------|-----------------|--------------------------------|
| Title           | MANAGER                         | Title           | MANAGER                        |
| Name            | CALLAHAN, KEVIN                 | Name            | MOSTOFI, JAMES                 |
| Address         | 650 MISSOURI AVE<br>BUILDING 33 | Address         | 175 WATER STREET<br>12TH FLOOR |
| City-State-Zip: | JEFFERSONVILLE IN 47130         | City-State-Zip: | NEW YORK IN 10038              |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KEVIN CALLAHAN

**MANAGER**

**04/22/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date