

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010616

**FILED
Jul 12, 2006
Secretary of State**

Entity Name: ALLEGIANCE RISK MANAGEMENT, LLC

Current Principal Place of Business:

15476 NW 77 COURT,
#601
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

15476 NW 77 COURT,
#601
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 16-1692043 **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:

DRESE, JAMES W
15476 NW 77 COURT
#601
MIAMI LAKES, FL 33016 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

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: PAYTON, KEVIN L
Address: 507 OLEANDER DR.
City-St-Zip: HALLANDALE, FL 33009

Title: MGRM (X) Change () Addition
Name: PAYTON, KEVIN L
Address: 436 HOLIDAY DR. DR.
City-St-Zip: HALLANDALE, FL 33009

Title: MGRM () Delete
Name: DRESE, JAMES W
Address: 15476 NW 77 COURT #601
City-St-Zip: MIAMI LAKES, FL 33016

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

Title: MGRM () Delete
Name: CAPASSO, JOHN R
Address: 26 SO. MAIN ST, SUITE D
City-St-Zip: MEDFORD, NJ 08055

Title: MGRM (X) Change () Addition
Name: CAPASSO, JOHN R
Address: 9 CHESTER AVE.
City-St-Zip: MEDFORD, NJ 08055

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES W. DRESE

MGRM

07/12/2006

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