

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000036334

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** ALLY RISK SERVICES LLC

**Current Principal Place of Business:**

300 GALLERIA OFFICENTRE, SUITE 200  
SOUTHFIELD, MI 48034

**New Principal Place of Business:**

**Current Mailing Address:**

200 RENAISSANCE CENTER  
482 B09 C24  
DETROIT, MI 48265

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** MGRM  
**Name:** ALLY INSURANCE HOLDINGS INC.  
**Address:** 300 GALLERIA OFFICENTRE, SUITE 200  
**City-St-Zip:** SOUTHFIELD, MI 48034

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: BARBARA TAYLOR

A/P

01/04/2011

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