

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040105

Entity Name: FIRST ALLIANCE INSURANCE, LLC

Current Principal Place of Business:

7448 ALOMA AVENUE
SUITE 1
WINTER PARK, FL 32792

Current Mailing Address:

7448 ALOMA AVENUE
SUITE 1
WINTER PARK, FL 32792 US

FEI Number: 20-1176284

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UMPHREY, WALTER
7448 ALOMA AVENUE
SUITE 1
WINTER PARK, FL 32792 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 MGRM
Name UMPHREY, WALTER
Address 7448 ALOMA AVENUE
SUITE 1
City-State-Zip: WINTER PARK FL 32792

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: WALTER UMPHREY

MGRM

01/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date