

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051274

Entity Name: ALG INSURANCE LLC

Current Principal Place of Business:

1451 W CYPRESS CREEK RD
300
FORT LAUDERDALE, FL 33309

Current Mailing Address:

1451 W CYPRESS CREEK RD
300
FORT LAUDERDALE, FL 33309 US

FEI Number: 20-2888191

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABELSON, SCOTT A
1451 W CYPRESS CREEK RD
300
FORT LAUDERDALE, FL 33309 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 ABELSON, SCOTT A
Address 1451 W CYPRESS CREEK RD STE 300
City-State-Zip: FORT LAUDERDALE FL 33309

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: SCOTT A. ABELSON

MGRM

04/26/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date