

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000057107

**Entity Name:** INSURANCE ALLY LLC

**Current Principal Place of Business:**

3845 CARSON AVE  
COOPER CITY, FL 33026

**Current Mailing Address:**

3845 CARSON AVE  
COOPER CITY, FL 33026

**FEI Number:** 59-5323484

**Certificate of Status Desired:** No

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

BERNSTEIN, LES  
2767 CENTER COURT DR.  
WESTON, FL 33332 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 BERNSTEIN, SARINA  
Address 3845 CARSON AVE  
City-State-Zip: COOPER CITY FL 33026

*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:** SARINA BERNSTEIN

MGRM

02/13/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date