

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000003310

**Entity Name:** ALLIANCE MUTUAL INSURANCE, LLC

**Current Principal Place of Business:**

3030 N ROCKY POINT DR  
SUITE 270  
TAMPA, FL 33607

**Current Mailing Address:**

3038 FAIRVIEW ST  
SAFETY HARBOR, FL 34695 US

**FEI Number:** 82-4950778

**Certificate of Status Desired:** Yes

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

JAMIE W. BROWN  
3038 FAIRVIEW STREET  
SAFETY HARBOR, FL 34965 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	MBR	Title	AUTHORIZED MEMBER
Name	BROWN, JAMIE W	Name	SPRINGER, ROBERT L
Address	3038 FAIRVIEW ST	Address	3030 N ROCKY POINT DR SUITE 270
City-State-Zip:	SAFETY HARBOR FL 34695	City-State-Zip:	TAMPA FL 33607

*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:** JAMIE W BROWN

**MANAGING MEMBER**

**01/31/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date