2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# L03000040582

Entity Name: ALLIANCE LOSS CONSULTANTS, L.L.C.

Current Principal Place of Business:

5268 BOCA MARINE CIRCLE
BOCA RATON, FL 33487

New Principal Place of Business:

7400 N FEDERAL HIGHWAY
C11
BOCA RATON, FL 33487

Current Mailing Address:

5268 BOCA MARINE CIRCLE
BOCA RATON, FL 33487

New Mailing Address:

7400 N FEDERAL HIGHWAY
C11
BOCA RATON, FL 33487

FEI Number: 56-2419338 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GALANTE, JOSEPH
5268 BOCA MARINE CIRCLE
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

GALANTE, JOSEPH
7400 N FEDERAL HIGHWAY
C11
BOCA RATON, FL 33487 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: JOSEPH GALANTE 01/09/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GALANTE, JOSEPH
Address: 5268 BOCA MARINA CIRCLE
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GALANTE, JOSEPH
Address: 7400 N FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOSEPH GALANTE M 01/09/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date