2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L04000089823

Entity Name: ALLIANCE INSURANCE SOLUTIONS, LLC

Current Principal Place of Business:

100 2ND AVE NORTH
SUITE 300
ST PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

100 2ND AVE NORTH
SUITE 300
ST PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 05-0620306 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LILAK, DOUGLAS F
100 2ND AVE NORTH
SUITE 300
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MR ( ) Delete
Name: LILAK, DOUGLAS F
Address: 100 SECOND AVE NORTH SUITE 300
City-St-Zip: ST PETERSBURG, FL 33701

Title: MR ( ) Delete
Name: OSWALD, SAMUEL
Address: 100 SECOND AVE NORTH SUITE 300
City-St-Zip: ST PETERSBURG, FL 33701

ADDITIONS/CHANGES:

Title: MR (X) Change ( ) Addition
Name: LILAK, DOUGLAS F MGRM
Address: 100 SECOND AVE NORTH SUITE 300
City-St-Zip: ST PETERSBURG, FL 33701

Title: MR (X) Change ( ) Addition
Name: OSWALD, SAMUEL MGRM
Address: 100 SECOND AVE NORTH SUITE 300
City-St-Zip: ST PETERSBURG, FL 33701

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: SAMUEL D. OSWALD MGRM 04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date