

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089823

FILED
Mar 19, 2012
Secretary of State

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:

PO BOX 1777
ST PETERSBURG, FL 337311777

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
Name: LILAK, DOUGLAS F MGRM
Address: 100 SECOND AVE NORTH SUITE 300
City-St-Zip: ST PETERSBURG, FL 33701

Title: MR
Name: WARD, NATE MGRM
Address: 100 SECOND AVE NORTH SUITE 300
City-St-Zip: ST PETERSBURG, FL 33701

I hereby 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: DOUGLAS LILAK

DL

03/19/2012

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