

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000012621

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** ALLEGIANCE INSURANCE GROUP OF FLORIDA, LLC

**Current Principal Place of Business:**

5728 MAJOR BLVD  
311  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

2295 SOUTH HIAWASSEE ROAD  
SUITE 316  
ORLANDO, FL 32835 US

**Current Mailing Address:**

6344 PINEY GLEN LANE  
ORLANDO, FL 32819 US

**New Mailing Address:**

2295 SOUTH HIAWASSEE ROAD  
SUITE 316  
ORLANDO, FL 32835 US

**FEI Number:** 20-2287954

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EGGEBRECHT, NICHOLAS D  
6344 PINEY GLEN LANE  
ORLANDO, FL 32819 US

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

SOCIE, ELIZABETH I  
1837 WESTPOINTE CIRCLE  
ORLANDO, FL 32835 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: ELIZABETH I. EGGEBRECHT

04/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SOCIE, ELIZABETH I  
Address: 1837 WESTPOINTE CIRCLE  
City-St-Zip: ORLANDO, FL 32835

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: ELIZABETH I. SOCIE

MGR

04/25/2011

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