

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051957

FILED
Jan 07, 2008
Secretary of State

Entity Name: ALLIANCE ADJUSTMENT GROUP, LLC

Current Principal Place of Business:

800 E. BROWARD BLVD., SUITE 702
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

800 E. BROWARD BLVD., SUITE 702
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 20-2994131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIELINSKI, JASON
800 E. BROWARD BLVD., SUITE 702
FORT LAUDERDALE, FL 33301 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: MGRM () Delete
Name: ZIELINSKI, GREGG A
Address: 1521 ALTON ROAD #470
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: ZIELINSKI, GREGORY F
Address: 681 NE 76TH ST.
City-St-Zip: MIAMI, FL 33138

Title: MGRM () Delete
Name: ZIELINSKI, JASON P
Address: 800 E. BROWARD BLVD., SUITE 702
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GREGG ZIELINSKI

MGRM

01/07/2008

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