2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# L06000011619

Entity Name: ALTA INSURANCE SERVICES, LLC

Current Principal Place of Business:

225 S. SWOOPE AVENUE
SUITE 202
MAITLAND, FL 32751 US

New Principal Place of Business:

4467 EDGEWATER DRIVE
C
ORLANDO, FL 32804 US

Current Mailing Address:

225 S. SWOOPE AVENUE
SUITE 202
MAITLAND, FL 32751 US

New Mailing Address:

4467 EDGEWATER DRIVE
C
ORLANDO, FL 32804 US

FEI Number: 20-4235743 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMARO, MIRNA A
5816 RYWOOD DRIVE
ORLANDO, FL 32810 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: MGR ( ) Delete
Name: AMARO, MIRNA A
Address: 5816 RYWOOD DRIVE
City-St-Zip: ORLANDO, FL 32810 US

ADDITIONS/CHANGES:

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: MIRN AMARO MGR 04/23/2008

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