

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000002731

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: AMERICAN LIBERTY INSURANCE GROUP LLC

## Current Principal Place of Business:

24140 STATE RD 54  
SUITE 105  
LUTZ, FL 33559

## New Principal Place of Business:

24756 STATE RD 54  
SUITE 105  
LUTZ, FL 33559

## Current Mailing Address:

24140 STATE RD 54  
SUITE 105  
LUTZ, FL 33559

## New Mailing Address:

24756 STATE RD 54  
SUITE 105  
LUTZ, FL 33559

FEI Number: 03-0613284

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAKELLARIS, MICHAEL  
24140 STATE RD 54  
SUITE 105  
LUTZ, FL 33559 US

## Name and Address of New Registered Agent:

SAKELLARIS, MICHAEL  
24756 STATE RD 54  
SUITE 105  
LUTZ, FL 33559 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:

04/29/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SAKELLARIS, MICHAEL  
Address: 24140 STATE RD 54  
City-St-Zip: LUTZ, FL 33559

Title: MGR ( ) Delete  
Name: FULLWOOD, DEBORAH C  
Address: 24140 STATE RD 54  
City-St-Zip: LUTZ, FL 33559

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SAKELLARIS, MICHAEL  
Address: 24756 STATE RD 54#105  
City-St-Zip: LUTZ, FL 33559

Title: MGR (X) Change ( ) Addition  
Name: FULLWOOD, DEBORAH C  
Address: 24756 SR RD 54#105  
City-St-Zip: LUTZ, FL 33559

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: MICHAEL SAKELLARIS

MGR

04/29/2009

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