## FILED Mar 13, 2008 8:00 am Secretary of State

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2008 LIMITED LIABILITY COMPANY

02-27-2008 90078 004 \*\*\*138.75 **ANNUAL REPORT DOCUMENT #L07000086488** ALLIED ALTERNATIVE RISK SERVICES, LLC VACTANAV Principal Place of Business Mailing Address 1801 LEE ROAD, SUITE 300 1801 LEE ROAD, SUITE 300 WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Cha-LLC CR2E083 (12/06) Applied For City & State City & State Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHIRLEY, JONATHAN W 171 CIRCLE DRIVE Street Address (P.O. Box Number is Not Acceptable) MAITLAND, FL 32751 Zio Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signaure, typed or prived name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGR TITLE IITLE Chance ☐ Addition -BROWN, ARTHUR STREET ADDRESS 2740 S.W. MARTIN DOWNS BLVD., SUITE 286 STREET ADDRESS CITY-ST-ZIP PALM CITY, FL 34490 CITY-ST-71P Oelete TITLE ☐ Change ☐ Addition NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-Z# CITY-ST-ZIP TITLE [ ] Desired TITLE Change Addition NAME MALAS STREET ADDRESS STREET ADDRESS CITY-ST-ZP CIT-ST-ZP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NUMB HATE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ITLE Detece ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-20 CITY-SI-7P TITLE ☐ Delete TITLE Change ☐ Addition MALE KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-70 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

R. MANAGER OR AUTHORIZED REPRESENTATIVE