

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107077

FILED
Mar 20, 2008
Secretary of State

Entity Name: ALWAYS INSURANCE AGENCY USA, L.L.C.

Current Principal Place of Business:

4927 GATEWAY GARDENS DRIVE
BOYNTON BEACH, FL 33436

New Principal Place of Business:

1117A NE 163 STREET
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

4927 GATEWAY GARDENS DRIVE
BOYNTON BEACH, FL 33436

New Mailing Address:

1117A NE 163 STREET
NORTH MIAMI BEACH, FL 33162

FEI Number: 74-3236275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBORNOZ, ANTONIO
4927 GATEWAY GARDENS DRIVE
BOYNTON BEACH, FL 33436 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: ALBORNOZ, ANTONIO
Address: 4927 GATEWAY GARDENS DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: ALBORNOZ, ANTONIO
Address: 4927 GATEWAY GARDENS DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Change (X) Addition
Name: ALBORNOZ, SELENE
Address: 4927 GATEWAY GARDENS DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

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: ANTONIO ALBORNOZ

D

03/20/2008

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