

DOCUMENT# L08000021811

Entity Name: LEGACY ALLIANCE INSURANCE, LLC

New Principal Place of Business:

Current Mailing Address:**New Mailing Address:**

| | | | |
|--------------------|-----------------------------------|--------------------------------------|--|
| FEI Number: | FEI Number Applied For () | FEI Number Not Applicable (X) | Certificate of Status Desired () |
|--------------------|-----------------------------------|--------------------------------------|--|

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
Name: BASTARDO, YELITZA D
Address: 641 NANDINA DRIVE
City-St-Zip: WESTON, FL 33327

I hereby 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: YELITZA BASTARDO

MGRM

02/26/2010

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