

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000071509

FILED
Apr 26, 2011
Secretary of State

Entity Name: ALLIANT INSURANCE CONSULTANTS, LLC

Current Principal Place of Business:

3554 SHORELINE CIRCLE
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

3554 SHORELINE CIRCLE
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 26-3195383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARKSON, KIMBERLY D
3554 SHORELINE CIRCLE
PALM HARBOR, FL 34684 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
Name: CLARKSON, KIMBERLY D
Address: 3554 SHORELINE CIRCLE
City-St-Zip: PALM HARBOR, FL 34684

Title: MGR
Name: HAGGAR, JACQUELYN A
Address: 3602 MUNNINGS KNOLL
City-St-Zip: LAND O' LAKES, FL 34639

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: KIMBERLY D. CLARKSON

MGR

04/26/2011

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