

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087139

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** ALLIANCE INSURANCE ORGANIZATIONS L.L.C.

**Current Principal Place of Business:**

1299 HOWELL BRANCH RD.  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

285 UPTOWN BLVD  
SUITE 522  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 26-3335296

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAPOINTE, DANIEL  
285 UPTOWN BLVD  
UNIT 522  
ALTAMONTE SPRINGS, FL 32701 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 ( ) Delete  
Name: LAPOINTE, DANIEL  
Address: 285 UPTOWN BLVD., SUITE 522  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DANIEL LAPOINTE

MGR

04/22/2009

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