

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000006055

**FILED**  
**Jun 23, 2010**  
**Secretary of State**

**Entity Name:** ALTERNATIVE RISK TRANSFER, LLC

**Current Principal Place of Business:**

219 E. LIVINGSTON ST  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

219 E. LIVINGSTON ST  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 26-4106418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAM R. LOWMAN, JR., ESQ.  
SHUFFIELD, LOWMAN & WILSON, P.A.  
1000 LEGION PLACE, SUITE 1700  
ORLANDO, FL 32801 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: HUGHES, PAUL R  
Address: 219 E. LIVINGSTON ST  
City-St-Zip: ORLANDO, FL 32801

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: PAUL R HUGHES

MGR

06/23/2010

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