

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000063115

FILED
May 07, 2010
Secretary of State

Entity Name: ALPHA & OMEGA OF OCALA INSURANCE GROUP LLC

Current Principal Place of Business:

1240 SE HWY 484
SUITE-D
OCALA, FL 34480

New Principal Place of Business:

1240 SE HWY 484
SUITE-A
OCALA, FL 34480

Current Mailing Address:

PO BOX 97
SUMMERFIELD, FL 34492

New Mailing Address:

FEI Number: 27-0447479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LORENZO, ANA I
14354 SW 33RD CT RD
OCALA, FL 34473 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
Name: LORENZO, ANA I
Address: 14354 SW 33RD CT RD
City-St-Zip: OCALA, FL 34473

Title: MGRM
Name: LUZURIAGA, WEBSTER
Address: 2404 SE 27TH STREET
City-St-Zip: OCALA, FL 34471

Title: MGRM
Name: LUZURIAGA, FATIMA
Address: 2404 SE 27TH STREET
City-St-Zip: OCALA, FL 34471

Title: MGRM
Name: SHIRLEY, RUTTELL
Address: 14354 SW 33RD CT RD
City-St-Zip: OCALA, FL 34473

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: ANA LORENZO

CEO

05/07/2010

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