

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000063115

**FILED**  
**Jan 14, 2012**  
**Secretary of State**

**Entity Name:** ALPHA & OMEGA OF OCALA INSURANCE GROUP LLC

**Current Principal Place of Business:**

1240 SE HWY 484  
SUITE-A  
OCALA, FL 34480

**New Principal Place of Business:**

3928 SE 58TH AVE  
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 ( )**

**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:**

LORENZO, ANA I  
7435 SE 112TH LANE  
BELLEVIEW, FL 34420 US

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: ANA LORENZO

01/14/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LORENZO, ANA I  
Address: 7435 SE 112TH LANE  
City-St-Zip: BELLEVIEW, FL 34420

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

Title: MGRM  
Name: SHIRLEY, RUTTELL  
Address: 7435 SE 58TH AVE  
City-St-Zip: BELLEVIEW, FL 34420

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

MGR

01/14/2012

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