

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000070470

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** ALTERNA INSURANCE GROUP, LLC

**Current Principal Place of Business:**

6600 N ANDREWS AVE  
SUITE 282  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

1801 SOUTH FEDERAL HWY.  
2ND FLOOR  
BOCA RATON, FL 33432

**Current Mailing Address:**

6600 N ANDREWS AVE  
SUITE 282  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

1801 SOUTH FEDERAL HWY.  
2ND FLOOR  
BOCA RATON, FL 33432

**FEI Number:** 45-2553092

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSEN, CHRISTIE A  
6600 N ANDREWS AVE  
SUITE 282  
FORT LAUDERDALE, FL 33309 US

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

ANDERSEN, CHRISTIE A  
1801 SOUTH FEDERAL HWY.  
2ND FL  
BOCA RATON, FL 33432 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:

04/25/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ALTERNA FINANCIAL LLC  
Address: 1801 SOUTH FEDERAL HWY.  
City-St-Zip: BOCA RATON, FL 33432 US

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: ROBERT KONRAD, PRESIDENT OF KH CORP

MGR

04/25/2012

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