

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003414

FILED
Mar 19, 2009
Secretary of State

Entity Name: ALLGATE FINANCIAL, LLC

Current Principal Place of Business:

707 SKOKIE BLVD STE 375
NORTHBROOK, IL 60062

New Principal Place of Business:

Current Mailing Address:

707 SKOKIE BLVD STE 375
NORTHBROOK, IL 60062

New Mailing Address:

FEI Number: 20-8428330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR
STE 4
WESTON, FL 33331 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: BERNSTEIN, IRWIN
Address: 707 SKOKIE BLVD STE 375
City-St-Zip: NORTHBROOK, IL 60062

Title: MGR () Delete
Name: MOLLNER, LAURENCE
Address: 707 SKOKIE BLVD STE 375
City-St-Zip: NORTHBROOK, IL 60062

Title: MGR (X) Delete
Name: ASBROCK, CHRISTOPHER
Address: 707 SKOKIE BLVD STE 375
City-St-Zip: NORTHBROOK, IL 60062

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: ASBROCK, CHRISTOPHER
Address: 707 SKOKIE BLVD STE 375
City-St-Zip: NORTHBROOK, IL 60062

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: CHISTOPHER ASBROCK

MGR

03/19/2009

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