2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 25, 2008 8:00 am Secretary of State 02-25-2008 90135 030 ***138.75

DOCUMENT # M9700000731 1. Entity Name ALLIANCE UNDERWRITERS, LLC						,	02-25-2008	3 90135 030	***13	8.75	
Principal Place 120 INTERNA LAKE MARY, F	s RKWAY, SUITE 220	Mailing Address 120 INTERNATIONAL P LAKE MARY, FL 32746	NTERNATIONAL PARKWAY, SUITE 220		1.3	001113	J D	•			
2. Principal Pla	ace of Busin	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01152008	Chg-LLC	CR2E083 (1	2/06)		
City & State			City & State			4. FEI Number Applied For 87-0567754 Not Applicable					
Zip ———————		Country	Zip	Coun		5. Certificate of Status Desired \$5.00 Additional Fee Required					
	6Name	and Address of Current F	Registered Agent	Name	7Name and Address of New Registered Agent						
	NATIONA	AL PARKWAY, SUITE	Street Address (P.O. Box Number is Not Acceptable)								
LAKE MAR	Y, FL 32	.746				· > + (1=1) (100) (0) (100) (1) (1)			.20		
City Lak							Mary FL Zasalyb				
8. 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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, type-data printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
		FEE IS \$138.75 Fee will be \$538.75				ke check payab a Department c					
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES			
TITLE	MGR		☐ Delete	TITL	E				Change	Addition	
NAME STREET ADDRESS		GS, LYNN ERNATIONAL PARKWAY	NAM Y SUNTE 220 STRE		RE EET ADDRESS			•			
CITY-ST-ZIP LAKE MARY, FL 32746			1, 3011L 220	r-ST-ZIP							
TITLE			☐ Delete	TITL	E				Change	Addition	
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STREET ADDRESS (CITY-ST-ZIP				CITY		:					
TITLE	☐ Delete				E	☐ Change ☐ Addition					
NAME				NAM		-			_	-	
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP		•				
TITLE			☐ Delete	TITL	.E				Change	Addition	
NAME				NAN	1					Į	
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NAME				NAA							
STREET ADDRESS CITY-ST-ZIP					REET ADDRESS Y-ST-ZIP						
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.											
minical flability company of the receiver of thusias simpowered to execute this report as required by chapter and, mortal statutes.											
SIGNATURE: Um											
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Dayling Phone #											