

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000056766

Entity Name: ALLIED INSURANCE EXCHANGE, LLC

Current Principal Place of Business:

14241 METROPOLIS AVE. SUITE 100
FT. MYERS, FL 33912

Current Mailing Address:

14241 METROPOLIS AVE. SUITE 100
FT. MYERS, FL 33912

FEI Number: 45-2440825

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KELLER, STEPHEN A
14241 METROPOLIS AVE. SUITE 100
FT. MYERS, FL 33912 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name KELLER, STEPHEN A
Address 14241 METROPOLIS AVE. SUITE 100
City-State-Zip: FT. MYERS FL 33912

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN A KELLER

MGR

03/28/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date