

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L13000174849

**Entity Name:** ALLIANCE RE HOLDINGS, LLC

**Current Principal Place of Business:**

777 BRICKELL AVENUE  
SUITE 805  
MIAMI, FL 33131

**FILED**  
**Feb 05, 2015**  
**Secretary of State**  
**CC2927117044**

**Current Mailing Address:**

777 BRICKELL AVENUE  
SUITE 805  
MIAMI, FL 33131 US

**FEI Number:** 47-2904332

**Certificate of Status Desired:** Yes

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

NRAI SERVICES, INC.  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MANAGER  
Name: GEO FILHO, ADOLFO  
Address: 777 BRICKELL AVENUE  
SUITE 805  
City-State-Zip: MIAMI FL 33131

Title: MANAGER  
Name: GIANNETTI GEO, RODOLFO  
Address: 777 BRICKELL AVENUE  
SUITE 805  
City-State-Zip: MIAMI FL 33131

Title: MANAGER  
Name: DE LIMA GEO NETO, JOSE  
Address: 777 BRICKELL AVENUE  
SUITE 805  
City-State-Zip: MIAMI FL 33131

Title: MANAGER  
Name: MIRANDA DA COSTA, EULER  
Address: 777 BRICKELL AVENUE  
SUITE 805  
City-State-Zip: MIAMI FL 33131

Title: MANAGER  
Name: DE PADUA PEREIRA, ANTONIO  
Address: 777 BRICKELL AVENUE  
SUITE 805  
City-State-Zip: MIAMI FL 33131

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ADOLFO GEO FILHO

**MANAGER**

**02/05/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date