2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92179 003 ****50.00

DOCUMENT # M01000000593

1. Entity Name
THE SOLUTIONS GROUP INSURANCE AGENCY LLC

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
3655 NORTH POINT PARKWAY SUITE 300 ALPHARETTA GA 30005	500 N AKARD STE 4500 DALLAS TX 75201 US

2. Principal Place of Business	3. Mailing Address
3600 West 80th St.	3600 West 80th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Minneapolis, MN	City & State: Minneapolis, MN
Zip: 55431 Country: USA	Zip: 55431 Country: USA

4. FEI Number 58-2604312 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LAMERE, LARRY J 7701 FRANCE AVE SOUTH, STE 110 EDINA MN 55435	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Please see attached.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BARR, CHARLES F 327 RIVERSIDE AVENUE WESTPORT CT 06880	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KARON, PAUL L 7701 FRANCE AVE SOUTH, STE 110 EDINA MN 55435	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

11. *I* hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Thomas W. Kenyon Asst. Secretary 4/28/03 952-886-8195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attachment
30069598
M01000000893

The Solutions Group Insurance Agency, LLC

Addition	Manager	Rodman R. Fox	Nyala Farms Corporate Center, 100 Nyala Farms Road, Westport, CT 06880
Addition	Manager	Paul L. Karon	3600 W. 80th Street, Minneapolis, MN 55431
Addition	Manager	John Whiter	55 Bishopsgate, London, EC2N 3BD, United Kingdom
Addition	Secretary	Daniel P. O'Keefe	3600 W. 80th Street, Minneapolis, MN 55431
Addition	Assistant Secretary:	Thomas W. Kenyon	3600 W. 80th Street, Minneapolis, MN 55431
Addition	CFO:	Milan Radonich	Nyala Farms Corporate Center, 100 Nyala Farms Road, Westport, CT 06880