

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003373

FILED
May 19, 2009
Secretary of State

Entity Name: COLEMONT INSURANCE BROKERS OF GEORGIA LLC

Current Principal Place of Business:

2859 PACES FERRY RD
STE 1500
ATLANTA, GA 30339 US

New Principal Place of Business:

Current Mailing Address:

5910 N CENTRAL EXPWY
SUITE 400
DALLAS, TX 75206 US

New Mailing Address:

FEI Number: 20-0335218 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: ROSS, JAMES C PRES
Address: 2859 PACES FERRY RD STE 1500
City-St-Zip: ATLANTA, GA 30339 US

Title: MGR () Delete
Name: KATH, MARSHALL P CEO
Address: 5910 N CENTRAL EXPWY SUITE 400
City-St-Zip: DALLAS, TX 75206 US

Title: MGR () Delete
Name: MATAMOROS, ROBERT CFO
Address: 5910 N CENTRAL EXPWY SUITE 400
City-St-Zip: DALLAS, TX 75206

Title: MGR () Delete
Name: BOSTICK, KRIS
Address: 5910 N CENTRAL EXPWY STE 400
City-St-Zip: DALLAS, TX 75206

ADDITIONS/CHANGES:

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

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

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

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: KRIS BOSTICK

MGR

05/19/2009

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