

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088970

FILED
Apr 28, 2008
Secretary of State

Entity Name: ATLANTIC SOUTHERN INSURANCE GROUP, LLC

Current Principal Place of Business:

1450 MADRUGA AVE
SUITE 303
CORAL GABLES, FL 33146 US

New Principal Place of Business:

1141 S ALAHAMBRA CIR
CORAL GABLES, FL 33146 US

Current Mailing Address:

1450 MADRUGA AVE
SUITE 303
CORAL GABLES, FL 33146 US

New Mailing Address:

1141 S ALAHAMBRA CIR
CORAL GABLES, FL 33146 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOTERO, EDWARD C
1450 MADRUGA AVE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

SOTERO, EDWARD C
1141 S ALAHAMBRA CIR
CORAL GABLES, FL 33146 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:

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SOTERO, EDWARD C
Address: 1450 MADRUGA AVE SUITE 303
City-St-Zip: CORLA GABLES, FL 33146 FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SOTERO, EDWARD C
Address: 1141 S ALAHAMBRA CIR
City-St-Zip: CORLA GABLES, FL 33146 FL

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: EDWARD SOTERO

MGM

04/28/2008

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