

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000165245

Entity Name: CARL ATKINSON REINSURANCE, LLC**Current Principal Place of Business:**9001 E. COLONIAL DR
ORLANDO, FL 32817**Current Mailing Address:**9001 E. COLONIAL DR
ORLANDO, FL 32817 US**FEI Number:** 82-3698243**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:** WILLIAM R. LOWMAN, JR., ESQ.

04/23/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER	Title	TREASURER, MANAGER
Name	ATKINSON, CARL R.	Name	ALDEN, EDWARD M.
Address	9001 E. COLONIAL DR	Address	9001 E. COLONIAL DR
City-State-Zip:	ORLANDO FL 32817	City-State-Zip:	ORLANDO FL 32817
Title	CFO, MANAGER		
Name	ALLEN, CHRISTOPHER		
Address	9001 E. COLONIAL DR		
City-State-Zip:	ORLANDO FL 32817		

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: CHRISTOPHER ALLEN

CFO, MANAGER

04/23/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date