

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000149910

**Entity Name:** ADVISORS INSURANCE GROUP LLC

**Current Principal Place of Business:**

1314 E LAS OLAS BLVD  
#109  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

1314 E LAS OLAS BLVD  
#109  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 61-1984096

**Certificate of Status Desired:** No

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

KATLIN, ANDREW  
1314 E LAS OLAS BLVD  
#109  
FORT LAUDERDALE, FL 33301 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 MGR  
Name KATLIN, ANDREW  
Address 1314 E LAS OLAS BLVD  
#109  
City-State-Zip: FORT LAUDERDALE FL 33301

Title MGR  
Name KATLIN, GAIL  
Address 1314 E LAS OLAS BLVD  
#109  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** ANDREW KATLIN

**MGR**

**03/01/2021**

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

\_\_\_\_\_  
Date