

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000149910

Entity Name: ADVISORS INSURANCE GROUP LLC

Current Principal Place of Business:

314 N E 15TH AVE
FORT LAUDERDALE, FL 33301

Current Mailing Address:

314 N E 15TH AVE
FORT LAUDERDALE, FL 33301 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KATLIN, ANDREW
314 N E 15TH AVE
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 314 N E 15TH AVE
City-State-Zip: FORT LAUDERDALE FL 33301

Title MGR
Name KATLIN, GAIL
Address 314 N E 15TH AVE
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

01/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date