

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90110 026 ****50.00

DOCUMENT # L00000002100

1. Entity Name

ATLANTIC AMERICAN SOLUTIONS, LLC



Principal Place of Business

**101 EAST KENNEDY BLVD., STE. 3925
TAMPA FL 33602**

Mailing Address

**101 EAST KENNEDY BLVD., STE. 3925
TAMPA FL 33602**

2. Principal Place of Business

101 E. Kennedy Blvd.

Suite, Apt. #, etc.

Suite 3300

City & State

Tampa, FL

3. Mailing Address

101 E. Kennedy Blvd.

Suite, Apt. #, etc.

Suite 3300

City & State

Tampa, FL



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3661881**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**GORDON, BRAD A
101 EAST KENNEDY BLVD., STE. 3925 3300
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **ATLANTIC AMERICAN CORPORATE GROUP, LLC**
STREET ADDRESS **101 EAST KENNEDY BLVD., STE. 3925**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Atlantic American Corporate Group, LLC**
STREET ADDRESS **101 E. Kennedy Blvd., Suite 3300**
CITY-ST-ZIP **Tampa, FL 33602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

REQUIRED

Brad A. Gordon

01-21-03 (813) 318-9444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)