

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000040092		
1. Entity Name ATLAS INSURANCE MARKETING, LLC		

Principal Place of Business 5509 GRAND BOULEVARD SUITE 200 NEW PORT RICHEY FL 34652 US	Mailing Address 5509 GRAND BOULEVARD SUITE 200 NEW PORT RICHEY FL 34652 US
--	--

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

6. Name and Address of Current Registered Agent	
---	--

NELSON, CLINT R 5509 GRAND BOULEVARD SUITE 200 NEW PORT RICHEY FL 34652	
--	--

4. FEI Number 45-0525807	Applied For ☐ Not Applied
------------------------------------	---

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

7. Name and Address of New Registered Agent	
---	--

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
------	--	------	----	----------

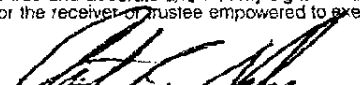
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when terminating)	DATE
-----------	--	--	------

FILE NOW!!! FEE IS \$50.00	
Make Check Payable to Florida Department of State	
Due By May 1, 2006	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NELSON, CLINT R 5509 GRAND BOULEVARD, SUITE 200 NEW PORT RICHEY FL 34652	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UN00000478348 04/08/06-80002-008 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 	CLINT R. NELSON	(727) 843-40
--	------------------------	---------------------