

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000019587

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** ATLANTIC INSURANCE AGENCY LLC

**Current Principal Place of Business:**

14406 S. MILITARY TRAIL  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

14406 S. MILITARY TRAIL  
DELRAY BEACH, FL 33484

**New Mailing Address:**

**FEI Number:** 03-0538779

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEIGHLEY & MYRICK, P.A.  
1255 WEST ATLANTIC BLVD.  
SUITE 314  
POMPANO BEACH, FL 33069 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SCHLEIFER, STEVE  
**Address:** 7055 ENCINA LANE  
**City-St-Zip:** BOCA RATON, FL 33433

**Title:** MGRM  
**Name:** SCHLEIFER, ELYSE  
**Address:** 7055 ENCINA LANE  
**City-St-Zip:** BOCA RATON, FL 33433

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** STEVE SCHLEIFER

PRES

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date