

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90055 047 ****50.00

DOCUMENT # L05000089401

1. Entity Name
ATLANTIC INSURANCE GROUP LLC



Principal Place of Business *new Address*
124 S. FEDERAL HIGHWAY
POMPANO BEACH, FL 33062-5320

Mailing Address
124 S. FEDERAL HIGHWAY
POMPANO BEACH, FL 33062-5320

911 E. Atlantic Blvd suite 108 Pompano Beach

FL 33060 20000604



DO NOT WRITE IN THIS SPACE

01052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
86-1148803

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBILLARD, JAMES L II
124 S. FEDERAL HIGHWAY
POMPANO BEACH, FL 33062-5320

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROBILLARD, JAMES L II
STREET ADDRESS	124 S. FEDERAL HIGHWAY <i>911 E. Atlantic Blvd</i>
CITY-ST-ZIP	POMPANO BEACH, FL 330625320 <i>Suite 108 Pompano Beach FL 33060</i>
TITLE	MGRM
NAME	GRODENSKY, JASON T
STREET ADDRESS	124 S. FEDERAL HIGHWAY <i>911 E. Atlantic Blvd</i>
CITY-ST-ZIP	POMPANO BEACH, FL 330625320 <i>Suite 108 Pompano Beach FL 33060</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

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

Date

Daytime Phone #

1-9-06

954-933-9082