

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90065 019 ****50.00

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1. Entity Name
ATLANTIC INSURANCE GROUP LLC



Principal Place of Business
911 E. ATLANTIC BLVD
SUITE 108
POMPANO BEACH, FL 33062-5320

Mailing Address
911 E. ATLANTIC BLVD
SUITE 108
POMPANO BEACH, FL 33062-5320

60004100



01082007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

911 E. ATLANTIC BLVD
SUITE 108
POMPANO BEACH, FL 33062

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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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ROBILLARD, JAMES L II
911 E. ATLANTIC BLVD SUITE 108
POMPANO BEACH, FL 330625320

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GRODENSKY, JASON T
911 E. ATLANTIC BLVD
POMPANO BEACH, FL 330625320

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

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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

1/12/07

Date

954 933 9082

Daytime Phone #