## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088970

Entity Name: ATLANTIC SOUTHERN INSURANCE GROUP, LLC

**FILED** Apr 23, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3400 S.W. THIRD AVENUE 1450 MADRUGA AVE MIAMI, FL 33145 US

SUITE 303

CORAL GABLES, FL 33146 US

**Current Mailing Address: New Mailing Address:** 

12826 S.W. 134 STREET 1450 MADRUGA AVE

MIAMI, FL 33186 US SUITE 303

CORAL GABLES, FL 33146 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SPATZ, CARL A SOTERO, EDWARD C 3400 S.W. THIRD AVENUE 1450 MADRUGA AVE

MIAMI, FL 33145 CORAL GABLES, FL 33146 US

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: EDWARD SOTERO 04/23/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: (X) Change ( ) Addition () Delete

SOTERO, EDWARD C SOTERO, EDWARD C Name: Name: Address: 12826 S.W. 134 STREET Address: 1450 MADRUGA AVE SUITE 303 City-St-Zip: MIAMI, FL 33186 FL City-St-Zip: CORLA GABLES, FL 33146 FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: EDWARD SOTERO 04/23/2007