

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000088970

FILED
Apr 16, 2010
Secretary of State

Entity Name: ATLANTIC SOUTHERN INSURANCE GROUP, LLC

Current Principal Place of Business:

1141 S ALAHAMBRA CIR
CORAL GABLES, FL 33146 US

New Principal Place of Business:

1805 PONCE DE LEON BLVD
SUITE 205
CORAL GABLES, FL 33134 US

Current Mailing Address:

1141 S ALAHAMBRA CIR
CORAL GABLES, FL 33146 US

New Mailing Address:

1805 PONCE DE LEON BLVD
SUITE 205
CORAL GABLES, FL 33134 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SOTERO, EDWARD C
1141 S ALAHAMBRA CIR
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

SOTERO, EDWARD C
1805 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 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

04/16/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SOTERO, EDWARD C
Address: 1805 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134 FL

Title: MGRM
Name: PEREZ-CERNUDA, RAMON E
Address: 1805 PONCE DE LEON BLVD. SUITE 205
City-St-Zip: CORAL GABLES, FL 33134 US

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: EDWARD SOTERO

MGRM

04/16/2010

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