

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086967

FILED
Jan 08, 2008
Secretary of State

Entity Name: KEYSTONE INSURANCE SERVICES OF ATLANTA, LLC.

Current Principal Place of Business:

4890 W. KENNEDY BLVD
240
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

4890 W. KENNEDY BLVD
240
TAMPA, FL 33609

New Mailing Address:

5881 GLENRIDGE DRIVE
180
ATLANTA, GA 30328

FEI Number: 26-0783515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, SCOTT F
4890 W. KENNEDY BLVD
240
TAMPA, FL 33609 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 () Delete
Name: CARMOUCHE, KEVIN
Address: 4890 W. KENNEDY BLVD
City-St-Zip: TAMPA, FL 33609

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COOK, JIM
Address: 5881 GLENRIDGE DRIVE #180
City-St-Zip: ATLANTA, GA 30328

Title: M () Change (X) Addition
Name: CARMOUCHE, KEVIN
Address: 5881 GLENRIDGE DRIVE #180
City-St-Zip: ATLANTA, GA 30328

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: JAMES C COOK

MGRM

01/08/2008

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