2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2010
Secretary of State

DOCUMENT# L09000105015

Entity Name: ATLAS INSURANCE SERVICES, LLC

Current Principal Place of Business:

4243 HEADSAIL DRIVE
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

905 E. MARTIN LUTHER KING DRIVE
290
TARPON SPRINGS, FL 34689 US

Current Mailing Address:

4243 HEADSAIL DRIVE
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

905 E. MARTIN LUTHER KING DRIVE
290
TARPON SPRINGS, FL 34689 US

FEI Number: 45-0525807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THOMASON, LARRY T
4243 HEADSAIL DRIVE
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

THOMASON, LARRY D
4243 HEADSAIL DRIVE
NEW PORT RICHEY, FL 34652 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: LARRY D. THOMASON 01/07/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: THOMASON, LARRY D
Address: 4243 HEADSAIL DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

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 Statues.

SIGNATURE: LARRY D. THOMASON CEO 01/07/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date