

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000033941

FILED
Apr 30, 2012
Secretary of State

Entity Name: ATLAS INSURANCE GROUP LLC

Current Principal Place of Business:

13960 7TH STREET, STE. 3
DADE CITY, FL 33525

New Principal Place of Business:

13960 7TH STREET
SUITE 3
DADE CITY, FL 33525

Current Mailing Address:

13960 7TH STREET, STE. 3
DADE CITY, FL 33525

New Mailing Address:

13960 7TH STREET
SUITE 3
DADE CITY, FL 33525

FEI Number: 45-2254329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOUST, KIALHA E
31051 WILLOW BANK AVE
BROOKSVILLE, FL 34602 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
Name: FOUST, KIALHA E
Address: 31051 WILLOW BANK AVE
City-St-Zip: BROOKSVILLE, FL 34602

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: KIALHA E FOUST

MGRM

04/30/2012

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