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03 OCT 24 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000001947

1. Entity Name

HOBBS GROUP INSURANCE BROKERS, LLC

DO NOT WRITE IN THIS SPACE

STATEMENT 2183

2. Principal Place of Business	3. Mailing Address
4401 NORTHSIDE PARKWAY	4401 NORTHSIDE PARKWAY
Suite, Apt. #, etc. STE. 560	Suite, Apt. #, etc. ste. 560
City & State ATLANTA, GA	City & State ATLANTA, GA
Zip: 30327 Country: USA	Zip: 30327 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 06-1695303 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee FL Zip Code: 32301

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Lynette Coleman — Lynette Coleman as its agent — DATE: 10/24/2003

Signature, valid for printed name of registered agents and also if applicable.

9. MANAGING MEMBERS/MANAGERS

TITLE	~~President~~ Manager
NAME	Daniel J. Donovan
STREET ADDRESS	4401 Northside PKWY, STE 560
CITY-ST-ZIP	Atlanta, GA 30327
TITLE	~~Secretary~~ Manager
NAME	Walter L. Smith
STREET ADDRESS	4951 Lake Brook Dr., STE 500
CITY-ST-ZIP	Glen Allen, VA 23060
TITLE	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Walter L. Smith manager — 10/24/03

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Title — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

HOBBS GROUP INSURANCE BROKERS, LLC

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