

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003373

FILED
May 19, 2009
Secretary of State

Entity Name: COLEMONT INSURANCE BROKERS OF GEORGIA LLC

Current Principal Place of Business:

2859 PACES FERRY RD
STE 1500
ATLANTA, GA 30339 US

New Principal Place of Business:

Current Mailing Address:

5910 N CENTRAL EXPWY
SUITE 400
DALLAS, TX 75206 US

New Mailing Address:

FEI Number: 20-0335218 **FEI Number Applied For ()** **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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: ROSS, JAMES C PRES
Address: 2859 PACES FERRY RD STE 1500
City-St-Zip: ATLANTA, GA 30339 US

Title: MGR () Delete
Name: KATH, MARSHALL P CEO
Address: 5910 N CENTRAL EXPWY SUITE 400
City-St-Zip: DALLAS, TX 75206 US

Title: MGR () Delete
Name: MATAMOROS, ROBERT CFO
Address: 5910 N CENTRAL EXPWY SUITE 400
City-St-Zip: DALLAS, TX 75206

Title: MGR () Delete
Name: BOSTICK, KRIS
Address: 5910 N CENTRAL EXPWY STE 400
City-St-Zip: DALLAS, TX 75206

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KRIS BOSTICK

MGR

05/19/2009

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