

MO2000003373

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COLEMONT INSURANCE BROKERS OF GEORGIA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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10 AUG -5 AM 11:07
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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
10 AUG -5 AM 8:07

T. HAMPTON

AUG - 6 2010

EXAMINER

8/5
7/29/2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Colemont Insurance Brokers of Georgia, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandy Sanders
Name of Person

AmWINS Group, Inc
Firm/Company

4725 Piedmont Row Drive Suite 600
Address

Charlotte, NC 28210
City/State and Zip Code

sandy.sanders@amwins.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandy Sanders at (704) 749-2752
Name of Person Area Code and Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Colemont Insurance Brokers of Georgia, LLC

2. This entity was formed under the laws of: DE

3. This entity was authorized to transact business in Florida on 12/17/2002
and its Florida document/registration number is MO200003373

4. The name and address of each manager or managing member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:


M. Steven DeCarlo - mgr

4725 Piedmont Row Drive
Suite 600
Charlotte, NC 28210

Scott M. Purviance - mgr

4725 Piedmont Row Drive
Suite 600
Charlotte, NC 28210

See Attached

Required Signature: 
Signature of Manager, Managing Member or Member

Filing Fee: \$25

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DIVISION OF CORPORATIONS
10 AUG - 5 AM '07

Managers and Officers for Colemont Insurance Brokers of Georgia, LLC

James Ross	President
Salmaan Baig	Executive VP
Scott Purviance	Manager/VP/Sec
Steve DeCarlo	Manager/CEO
Angela Higbee	Assistant Secretary

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