

M040000000125

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) 878-9368

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

Email Address: _____

RECEIVED
10 AUG -5 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MC RESIGN
COLEMONT INSURANCE BROKERS OF ILLINOIS LLC

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

FILED
10 AUG -5 AM 8:14
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON
AUG -6 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Colemont Insurance Brokers of Illinois, 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

Name of Person

at (704)

749-2752

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

CR2E123(8/07)

**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 Illinois, LLC
2. This entity was formed under the laws of: DE
3. This entity was authorized to transact business in Florida on 01/09/2004
and its Florida document/registration number is MQ4000000125
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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Managers and Officers for Colemont Insurance Brokers of Illinois, LLC

Thomas Dillon	President
Timothy F. Larocca	Executive VP
David Stevoff	Executive VP
Jan Rose	Executive VP
Scott Purviance	Manager/VP/Sec
Steve DeCarlo	Manager/CEO
Angela Ilighea	Assistant Secretary

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