

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000002866

**FILED**  
**Jun 12, 2012**  
**Secretary of State**

**Entity Name:** TRIBAL NATION INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

2002 SUMMIT BOULEVARD, SUITE 900  
ATLANTA, GA 30319

**New Principal Place of Business:**

SIX CONCOURSE PKWY  
SUITE 2300  
ATLANTA, GA 30328

**Current Mailing Address:**

2002 SUMMIT BOULEVARD, SUITE 900  
ATLANTA, GA 30319

**New Mailing Address:**

SIX CONCOURSE PKWY  
SUITE 2300  
ATLANTA, GA 30328

**FEI Number:** 26-1939603

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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:** BEECHER CARLSON INSURANCE SERVICES, LLC  
**Address:** SIX CONCOURSE PKWY SUITE 2300  
**City-St-Zip:** ATLANTA, GA 30328

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: BEECHER CARLSON INSURANCE SERVICES LLC

MEMB

06/12/2012

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