

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90009 006 ****50.00

DOCUMENT # *MA00000000490* ✓
1. Entity Name *ATLANTIC ASSURANCE LLC*

DO NOT WRITE IN THIS SPACE

946045

2. Principal Place of Business
4425 Randolph Rd.
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Charlotte, NC
Zip
28211
Country
USA

City & State
Zip
Country

4. FEI Number *56-1838203*
Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

Name *CT Corporation System*
Street Address (P.O. Box Number is Not Acceptable)
200 South Pine Island Road
City *Plantation* FL Zip Code *33324*

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*Mr. Todd Gorelick
4425 Randolph Rd. St 204
Charlotte, NC 28211*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*Mr. T.C. Chleders
4425 Randolph Rd. St 204
Charlotte, NC 28211*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*Mr. James B. Seagraves, Jr
4425 Randolph Rd. St 204
Charlotte NC 28211*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*Mr. Dave Oakes
4425 Randolph Rd. St 204
Charlotte, NC 28211*

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IN THIS SPACE**

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: *James B. Seagraves Jr.* *James B. Seagraves Jr.* *4/11/02* *704-943-3144*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)