

2nd and FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 588.75	Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000000215**

ASSETAMERICA INSURANCE, LLC
3535 PIEDMONT ROAD, SUITE 440
ATLANTA GA 30305

2. Principal Place of Business Suite, Apt. #, etc. NO CHANGE		2a. Mailing Address Suite, Apt. #, etc. NO CHANGE	
City & State		City & State	
Zip	Country	Zip	Country

1a. Principal Place of Business Address

3535 PIEDMONT ROAD, SUITE 44
ATLANTA GA 30305

3. Date Organized or Qualified 03/05/1998	3a. State of Formation DE
4. FEI Number 58-2368235 APPLIED FOR	☐ Applied For ☐ Not Applicable
5. Date of Last Report 1999 is 1st yr	6. Certificate of Status Desired \$9.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	8. Name and Address of New Registered Agent/Office Name AFTER INCORP. Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
CEO MGR	STUMBAUGH, LAWRENCE	3535 PIEDMONT ROAD, SUITE	ATLANTA GA 7000002966167--8 -08/23/99--01012--002 ****188.75 ****188.75

11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Lawrence Stumbaugh 7/31/99 4042403921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

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AssetAmerica Insurance, LLC

1700 Water Place, Suite 170

Atlanta, GA 30339

770-984-0170

Facsimile 770-984-0173

August 2, 1999

Katherine Harris, Secretary of State
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: AssetAmerica Insurance, LLC , Document #M98000000215

Dear Ms. Harris:

Attached you will find our completed Annual report for 1999. I have also enclosed a check I the amount of \$188.75 which represents the Annual report and supplemental fees. Per our conversation with your office, the 2nd and final notice is the first report we have received. We do occupy the address listed on the report, but the first notice appears to have gone astray.

Also per our conversation with your office, we were advised that an explanation of this was sufficient for you to waive the late fee.

We appreciate your kindness and I intend to diary this report to look for same for the 2000 annual report so that we do not repeat this error.

Please advise if you require any additional information. Thank you.

Sincerely,



Patricia M. Lorello
Manager-National Projects

FILED
99 AUG -9 AM 9:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA