

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000215

FILED
Jan 12, 2010
Secretary of State

Entity Name: TRUSTWAY INSURANCE AGENCIES, LLC

Current Principal Place of Business:

5540 PARK BLVD. UNIT 1 A
PINELLAS PARK, FL 33781

New Principal Place of Business:

5500 INTERSTATE NORTH PARKWAY
600
ATLANTA, GA 30328

Current Mailing Address:

P.O. BOX 723128
ATLANTA, GA 31139 US

New Mailing Address:

5500 INTERSTATE NORTH PARKWAY
600
ATLANTA, GA 30328

FEI Number: 58-2368235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: ASSURANCEAMERICA CORPORATION
Address: 5500 INTERSTATE NORTH PKWY
City-St-Zip: ATLANTA, GA 30328 US

Title: S
Name: HAIN, MARK
Address: 5500 INTERSTATE NORTH PARKWAY 600
City-St-Zip: ATLANTA, GA 30328

Title: D
Name: MILLNER, GUY
Address: 5500 INTERSTATE NORTH PARKWAY 600
City-St-Zip: ATLANTA, GA 30328

Title: PRES
Name: SKRUCK, JOSEPH
Address: 5500 INTERSTATE NORTH PARKWAY SUITE 600
City-St-Zip: ATLANTA, GA 30328

Title: T
Name: DOTSON, RICHARD
Address: 5500 INTERSTATE NORTH PARKWAY 600
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: MARK HAIN

S

01/12/2010

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