

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000001353

Entity Name: POINTENORTH INSURANCE GROUP LLC

Current Principal Place of Business:

1100 CIRCLE 75 PARKWAY, STE. 140
ATLANTA, GA 30339

Current Mailing Address:

P.O. BOX 724728
ATLANTA, GA 31139

FEI Number: 27-4417003

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

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: KATHY SHIN

05/27/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name SKEELES, WILLIAM H
Address 1100 CIRCLE 75 PARKWAY, STE. 140
City-State-Zip: ATLANTA GA 30339

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM H. SKEELES

PRESIDENT

05/27/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date