

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000008098

**Entity Name:** ASSUREDPARTNERS OF GEORGIA, LLC

**Current Principal Place of Business:**

450 S ORANGE AVE., 4TH FLOOR  
ORLANDO, FL 32801

**Current Mailing Address:**

200 COLONIAL CENTER PARKWAY  
STE. 150  
LAKE MARY, FL 32746 US

**FEI Number:** 35-2570316

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           HENDERSON, JIM W.  
Address        450 S ORANGE AVE., 4TH FLOOR  
City-State-Zip: ORLANDO FL 32801

Title           MANAGER  
Name           VREDENBURG, PAUL  
Address        200 COLONIAL CENTER PARKWAY  
                  STE. 150  
City-State-Zip: LAKE MARY FL 32746

Title           MANAGER  
Name           SMITH, SEAN K.  
Address        200 COLONIAL CENTER PARKWAY  
                  STE. 150  
City-State-Zip: LAKE MARY FL 32746

Title           MANAGER  
Name           LARSEN, RANDY  
Address        450 S ORANGE AVE., 4TH FLOOR  
City-State-Zip: ORLANDO FL 32801

Title           ASST. SECRETARY  
Name           MUSCATELLO, STEVEN D.  
Address        450 S ORANGE AVE., 4TH FLOOR  
City-State-Zip: ORLANDO FL 32801

*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:** MUSCATELLO STEVEN D

**ASSISTANT SECRETARY    02/24/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date