

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000003505

**Entity Name:** MIDATLANTIC INSURANCE GROUP, LLC**Current Principal Place of Business:**5900 N ANDREWS AVE  
SUITE 1000  
FORT LAUDERDALE, FL 33309**Current Mailing Address:**5900 N ANDREWS AVE  
SUITE 1000  
FORT LAUDERDALE, FL 33309 US**FEI Number:** 37-1893588**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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	TREASURER
Name	LITTLEJOHN, KEVIN
Address	5900 N ANDREWS AVE SUITE 1000
City-State-Zip:	FORT LAUDERDALE FL 33309
Title	PRESIDENT
Name	LOVE, STEVEN
Address	5900 N ANDREWS AVE SUITE 1000
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	SECRETARY
Name	RICHARDSON, GEX
Address	5900 N ANDREWS AVE SUITE 1000
City-State-Zip:	FORT LAUDERDALE FL 33309
Title	MEMBER
Name	GUARDIA LLC
Address	5900 N ANDREWS AVE SUITE 1000
City-State-Zip:	FORT LAUDERDALE FL 33309

*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:** GUARDIA LLC

MEMBER

05/28/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date