# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jul 02, 2007**
**Secretary of State**

DOCUMENT# L06000108927

**Entity Name:** W.M. INSURANCE & ASSOCIATES, LLC

**Current Principal Place of Business:**

2695 N. MILLITARY TRAIL.
SUITE 4
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

2695 N. MILLITARY TRAIL.
SUITE 4
WEST PALM BEACH, FL 33409

**New Mailing Address:**

**FEI Number: 20-5857870** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

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

JESTINE, WIKENSON P
1033 GROVE PARK CR
BOYNTON BEACH, FL 33436 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 ( ) Delete
Name: FRANCOIS, MACKENSON
Address: 1008 GREEN PINE BLVD., #C2
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MGRM ( ) Delete
Name: JOSEPH, MARJORIE
Address: 2337 LAKE DEBRA DR., #525
City-St-Zip: ORLANDO, FL 32835

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WIKENSON JESTINE MGRM 07/02/2007

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