2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108927

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

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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2515 N. MILLITARY TRAIL. 2215 N. MILLITARY TRAIL.

SUITE F SUITE F

WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409

Current Mailing Address: New Mailing Address:

2515 N. MILLITARY TRAIL. 1033 GROVE PARK CR. SUITE F BOYNTON BEACH, FL 33436

WEST PALM BEACH, FL 33409

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: Name and Address of New Registered Agent:

JESTINE, WIKENSON P 1033 GROVE PARK CR BOYNTON BEACH, FL 33436 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

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 JESTINE, WIKENSON
 Name:

 Address:
 1033 GROVE PARK CR
 Address:

 City-St-Zip:
 BOYNTON BEACH, FL 33436
 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 05/01/2009