

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093710

FILED
Mar 10, 2010
Secretary of State

Entity Name: WHEELER INSURANCE ASSOCIATES,LLC

Current Principal Place of Business:

6753 THOMASVILLE ROAD #108-137
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

6753 THOMASVILLE ROAD #108-137
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 20-5650051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVORE, SHERI N
6753 THOMASVILLE ROAD #108-137
TALLAHASSEE, FL 32312 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: MGR
Name: DEVORE, SHERI N
Address: 6753 THOMASVILLE ROAD #108-137
City-St-Zip: TALLAHASSEE, FL 32312

Title: ASST
Name: DEVORE, FREDDIE T
Address: 9510 LISKA DR
City-St-Zip: TALLAHASSEE, FL 32362

I hereby 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: SHERI N. DEVORE

MGR

03/10/2010

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