

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108927

FILED
Jan 11, 2011
Secretary of State

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

Current Principal Place of Business:

2930 OKEECHOBEE BLVD
SUITE 104
WEST PALM BEACH, FL 33409

New Principal Place of Business:

2930 OKEECHOBEE BLVD
SUITE 101
WEST PALM BEACH, FL 33409

Current Mailing Address:

2930 OKEECHOBEE BLVD
SUITE 104
WEST PALM BEACH, FL 33409

New Mailing Address:

2930 OKEECHOBEE BLVD
SUITE 101
WEST PALM BEACH, FL 33409

FEI Number: 20-5857870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

JESTINE, WIKENSON P
1033 GROVE PARK CIRCLE
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: WIKENSON JESTINE

01/11/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: JESTINE, WIKENSON
Address: 1033 GROVE PARK CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MGR
Name: JESTINE, NERLYN
Address: 1033 GROVE PARK CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33409

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: WIKENSON JESTINE

MGRM

01/11/2011

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