

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093710

Entity Name: WHEELER INSURANCE ASSOCIATES,LLC

Current Principal Place of Business:

3040 BIDHURST COURT
TALLAHASSEE, FL 32317

Current Mailing Address:

3040 BIDHURST COURT
TALLAHASSEE, FL 32317 US

FEI Number: 20-5650051

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEVORE, SHERI N
3040 BIDHURST COURT
TALLAHASSEE, FL 32317 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 MGR
Name DEVORE, SHERI N
Address 3040 BIDHURST COURT
City-State-Zip: TALLAHASSEE FL 32317

Title MANAGER
Name DEVORE, FREDDIE T
Address 9510 LISKA DR
City-State-Zip: TALLAHASSEE FL 32305

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: SHERI N DEVORE

MANAGER

01/22/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date