

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000104102

**Entity Name:** UNITED WEALTH PROTECTION CONCEPTS OF FLORIDA LLC

**FILED**  
**Apr 23, 2013**  
**Secretary of State**  
**CC8770141986**

**Current Principal Place of Business:**

1860 82ND AVENUE  
SUITE 206  
VERO BEACH, FL 32966

**Current Mailing Address:**

1860 82ND AVENUE  
SUITE 206  
VERO BEACH, FL 32966 US

**FEI Number:** 20-5775229

**Certificate of Status Desired:** No

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

UNITED CORPORATE & BUSINESS SERVICES OF FL  
1860 82ND AVENUE  
SUITE 206  
VERO BEACH, FL 32966 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 MGRM  
Name REID, LYNETTE  
Address 1860 82ND AVENUE SUITE 206  
City-State-Zip: VERO BEACH FL 32966

Title MGR  
Name REID, ROBERT C  
Address 1860 82ND AVENUE SUITE 206  
City-State-Zip: VERO BEACH FL 32966

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LYNETTE REID

**MGRM**

**04/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date