

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000081624

**FILED**  
**Jan 07, 2015**  
**Secretary of State**  
**CC7798385761**

**Entity Name:** WESTON INSURANCE MANAGEMENT, LLC

**Current Principal Place of Business:**

2555 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 14-2057  
CORAL GABLES, FL 33114-2057 US

**FEI Number:** 45-2754156

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	Title	MGR
Name	LYONS, MICHAEL C	Name	MCCULLY, BRYAN T
Address	P.O. BOX 14-2057	Address	P.O. BOX 14-2057
City-State-Zip:	CORAL GABLES FL 33114-2057	City-State-Zip:	CORAL GABLES FL 33114-2057

*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:** BRYAN MCCULLY

**MANAGER**

**01/07/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date