

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000081624

Entity Name: WESTON INSURANCE MANAGEMENT, LLC

Current Principal Place of Business:

2525 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

Current Mailing Address:

POST OFFICE BOX 33-1322
MIAMI, FL 33233-1322

FEI Number: 45-2754156

Certificate of Status Desired: Yes

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 33-1322	Address	P.O. BOX 33-1322
City-State-Zip:	MIAMI FL 33233	City-State-Zip:	MIAMI FL 33233

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: BRYAN T MCCULLY

MGR

04/23/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date