

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000003424

Entity Name: WMD ASSET MANAGEMENT, LLC**Current Principal Place of Business:**6279 DUPONT STATION COURT
JACKSONVILLE, FL 32217**Current Mailing Address:**6279 DUPONT STATION CT
JACKSONVILLE, FL 32217**FEI Number:** 26-2031611**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARLTON, DENNIS E
6279 DUPONT STATION CT
JACKSONVILLE, FL 32217 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	CEOM
Name	DAUGHERTY, WILLIAM M
Address	6279 DUPONT STATION COURT
City-State-Zip:	JACKSONVILLE FL 32217

Title	MDS
Name	CARLTON, DENNIS E
Address	6279 DUPONT STATION CT
City-State-Zip:	JACKSONVILLE FL 32217

Title	GC
Name	CARLTON, DENNIS E
Address	6279 DUPONT STATION CT
City-State-Zip:	JACKSONVILLE FL 32217

Title	CFO
Name	THOMAS, MICHAEL D
Address	559 SAN YSIDRO RD SUITE I
City-State-Zip:	SANTA BARBARA CA 93108

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: DENNIS E. CARLTON**MANAGING DIR/SEC****03/01/2016**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date