

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000007075

**Entity Name:** WAKELY CONSULTING GROUP, LLC**Current Principal Place of Business:**120 N WASHINGTON SQ, STE 705  
LANSING, MI 48933**Current Mailing Address:**120 N WASHINGTON SQ, STE 705  
LANSING, MI 48933 US**FEI Number:** 59-3554482**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 P  
Name ROSEN, JAY  
Address 120 N WASHINGTON SQ STE 705  
City-State-Zip: LANSING MI 48933

Title CEO  
Name HEGEMAN, MARY  
Address 7650 W COURTNEY CAMPBELL  
CAUSEWAY STE 1250  
City-State-Zip: TAMPA FL 33607

Title VP  
Name WINKELMAN, ROSS  
Address 7650 W COURTNEY CAMPBELL  
CAUSEWAY STE 1250  
City-State-Zip: TAMPA FL 33607

Title CFO  
Name WINK, JEFF  
Address 120 N WASHINGTON SQ, STE 705  
City-State-Zip: LANSING MI 48933

Title SEC  
Name GOULD, BRUCE  
Address 120 N WASHINGTON SQ STE 705  
City-State-Zip: LANSING MI 48933

Title CAO  
Name JOHNSON, KELLY  
Address 120 N WASHINGTON SQ STE 705  
City-State-Zip: LANSING MI 48933

Title MANAGER  
Name ACTUARIAL HOLDINGS, LLC  
Address 120 N WASHINGTON SQ, STE 705  
City-State-Zip: LANSING MI 48933

*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:** KELLY JOHNSON**CHIEF ADMINISTRATIVE      03/11/2024**  
**OFFICER**

Electronic Signature of Signing Authorized Person(s) Detail

Date