

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022078

FILED
May 29, 2012
Secretary of State

Entity Name: WORKERS COMPENSATION.COM, L.L.C.

Current Principal Place of Business:

1844 4TH STREET
SARASOTA, FL 34236

New Principal Place of Business:

1844 4TH STREET
SUITE 2
SARASOTA, FL 34236

Current Mailing Address:

PO BOX 2432
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 60-0000516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, ROBERT H
1844 4TH STREET
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

WILSON, ROBERT H
1844 4TH STREET
SUITE 2
SARASOTA, FL 34236 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:

05/29/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: LANCASTER, ALEX
Address: 711 N WASHINGTON BLVD
City-St-Zip: SARASOTA, FL 34236

Title: CEO
Name: WILSON, ROBERT H
Address: 1844 4TH STREET
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information indicated on this 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.

SIGNATURE: ROBERT H. WILSON

CEO

05/29/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date