

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097461

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: WHEELER INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

10941 S.E. HWY 441  
BELLEVIEW, FL 34420

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6052  
OCALA, FL 34478

**New Mailing Address:**

FEI Number: 20-3642904      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WHEELER, CHARLES B  
10941 S.E. HWY 441  
BELLEVIEW, FL 34420 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WHEELER, CHARLES B  
Address: P.O. BOX 6052  
City-St-Zip: OCALA, FL 34478

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CHARLES B. WHEELER

MGRM

01/08/2008

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