2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093710

Entity Name: WHEELER INSURANCE ASSOCIATES,LLC

Current Principal Place of Business:	**New Principal Place of Business:**
2140 HEATHROW DR.	6753 THOMASVILLE ROAD #108-137
TALLAHASSEE, FL 32312 US	TALLAHASSEE, FL 32312 US

Current Mailing Address:	**New Mailing Address:**
6153 THOMASVILLE RD	6753 THOMASVILLE ROAD #108-137
#108-137	TALLAHASSEE, FL 32312 US
TALLAHASSEE, FL 32312	

FEI Number: 20-5650051   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
WHEELER INSURANCE ASSOCIATES	DEVORE, SHERI N
2140 HEATHROW DRIVE	6753 THOMASVILLE ROAD #108-137
TALLAHASSEE, FL 32312 US	TALLAHASSEE, FL 32312 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: SHERI N DEVORE   03/28/2009

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Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	DEVORE, SHERI N	Name:	DEVORE, SHERI N
Address:	2140 HEATHROW DRIVE	Address:	6753 THOMASVILLE ROAD #108-137
City-St-Zip:	TALLAHASSEE, FL 32312	City-St-Zip:	TALLAHASSEE, FL 32312

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: SHERI N DEVORE   MGR   03/28/2009

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