

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000093710

FILED
Jan 02, 2013
Secretary of State

Entity Name: WHEELER INSURANCE ASSOCIATES,LLC

Current Principal Place of Business:

6753 THOMASVILLE ROAD #108-137
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

2140 HEATHROW DRIVE
TALLAHASSEE, FL 32312 US

Current Mailing Address:

6753 THOMASVILLE ROAD #108-137
TALLAHASSEE, FL 32312 US

New Mailing Address:

2140 HEATHROW DRIVE
TALLAHASSEE, FL 32312 US

FEI Number: 20-5650051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVORE, SHERI N
6753 THOMASVILLE ROAD #108-137
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

DEVORE, SHERI N
2140 HEATHROW DRIVE
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

01/02/2013

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: DEVORE, SHERI N
Address: 2140 HEATHROW DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: ASST
Name: DEVORE, FREDDIE T
Address: 9510 LISKA DR
City-St-Zip: TALLAHASSEE, FL 32362

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: SHERI N DEVORE

MGR

01/02/2013

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