2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L06000108927

Entity Name: W.M. INSURANCE & ASSOCIATES, LLC

Current Principal Place of Business:

2515 N. MILLITARY TRAIL.
SUITE F
WEST PALM BEACH, FL 33409

New Principal Place of Business:

2215 N. MILLITARY TRAIL.
SUITE F
WEST PALM BEACH, FL 33409

Current Mailing Address:

2515 N. MILLITARY TRAIL.
SUITE F
WEST PALM BEACH, FL 33409

New Mailing Address:

1033 GROVE PARK CR.
BOYNTON BEACH, FL 33436

FEI Number: 20-5857870 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JESTINE, WIKENSON P
1033 GROVE PARK CR
BOYNTON BEACH, FL 33436 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: JESTINE, WIKENSON
Address: 1033 GROVE PARK CR
City-St-Zip: BOYNTON BEACH, FL 33436

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: WIKENSON JESTINE MGRM 05/01/2009

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