

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123312

FILED
Mar 27, 2009
Secretary of State

Entity Name: PROFESSIONAL INSURANCE WHOLESALERS, LLC

Current Principal Place of Business:

376 INTERSTATE CT
SARASOTA, FL 34240 US

New Principal Place of Business:

12227 HOLLYBUSH TERRACE
BRADENTON, FL 34202 US

Current Mailing Address:

376 INTERSTATE CT
SARASOTA, FL 34240 US

New Mailing Address:

12227 HOLLYBUSH TERRACE
BRADENTON, FL 34202 US

FEI Number: 26-1572027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMAGE, JAMES C
376 INTERSTATE CT
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

RAMAGE, JAMES C
12227 HOLLYBUSH TERRACE
BRADENTON, FL 34202 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:

03/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RAMAGE, JAMES C
Address: 12227 HOLLYBUSH TERRACE
City-St-Zip: BRADENTON, FL 34202 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: WOOD, RANDY
Address: 7927 KAVANAUGH COURT
City-St-Zip: SARASOTA, FL 34240

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: JAMES C RAMAGE

MGRM

03/27/2009

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