

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109277

FILED
Feb 26, 2009
Secretary of State

Entity Name: HERBIE WILES INSURANCE, LLC

Current Principal Place of Business:

400 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

400 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 320843587

Current Mailing Address:

400 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

New Mailing Address:

400 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 320843587

FEI Number: 26-3779832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILES, DOUGLASS F
400 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084 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: () Delete
Name:
Address:
City-St-Zip:

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

ADDITIONS/CHANGES:

Title: P&S () Change (X) Addition
Name: WILES, DOUGLASS F
Address: 405 NIGHT HAWK LN
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VP () Change (X) Addition
Name: HOWELL, WAYNE E JR
Address: 3200 CROSS CREEK PL
City-St-Zip: ST AUGUSTINE, FL 32086

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: DOUGLASS F WILES

PRES

02/26/2009

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