

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 07, 2011
Secretary of State

Entity Name: HERBIE WILES INSURANCE, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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: P&S
Name: WILES, DOUGLASS F
Address: 405 NIGHT HAWK LN
City-St-Zip: ST AUGUSTINE, FL 32080

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

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: DOUGLASS F WILES

PRES

04/07/2011

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