2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2012
Secretary of State

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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

Title: CEO
Name: WILES, HERBERT L
Address: 63 BAYVIEW DR
City-St-Zip: ST AUGUSTINE, FL 32084

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 Statues.

SIGNATURE: DOUGLASS F WILES P 02/03/2012

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