

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000084870

FILED
Apr 30, 2010
Secretary of State

Entity Name: WISECHOICE INSURANCE GROUP, LLC

Current Principal Place of Business:

2970 CHICKASAW DRIVE
HAINES CITY, FL 33844

New Principal Place of Business:

924 SPRING LAKE SQUARE
WINTER HAVEN, FL 33881

Current Mailing Address:

2970 CHICKASAW DRIVE
HAINES CITY, FL 33844

New Mailing Address:

924 SPRING LAKE SQUARE
WINTER HAVEN, FL 33881

FEI Number: 27-0995737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REESE, JOHN W
144 PINE RIDGE DRIVE
DAVENPORT, FL 33897 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
Name: WISE CORPORATION OF CENTRAL FLORIDA, INC.
Address: 2970 CHICKASAW DRIVE
City-St-Zip: HAINES CITY, FL 33897

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: WILLIAM J WISE

PRES

04/30/2010

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