

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000110789

FILED  
Apr 25, 2012  
Secretary of State

**Entity Name:** STATEWIDE PUBLIC INSURANCE ADJUSTERS, LLC

**Current Principal Place of Business:**

611 SW 2ND AVENUE  
POMPAÑO BEACH, FL 33060

**New Principal Place of Business:**

3650 N FEDERAL HWY  
SUITE 201  
LIGHTHOUSE POINT, FL 33064

**Current Mailing Address:**

611 SW 2ND AVENUE  
POMPAÑO BEACH, FL 33060

**New Mailing Address:**

3650 N FEDERAL HWY  
SUITE 201  
LIGHTHOUSE POINT, FL 33064

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARTLAN, WILLIAM  
611 SW 2ND AVENUE  
POMPAÑO BEACH, FL 33060 US

**Name and Address of New Registered Agent:**

WMP INVESTMENTS, INC.  
3650 N FEDERAL HWY  
SUITE 201  
LIGHTHOUSE POINT, FL 33064 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: WILLIAM PARTLAN

04/25/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WMP INVESTMENTS, INC.  
Address: 3650 N FEDERAL HWY  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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 PARTLAN

MGRM

04/25/2012

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