

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000044620

FILED
Feb 17, 2011
Secretary of State

Entity Name: ROBIN WILSON INSURANCE SERVICES, LLC

Current Principal Place of Business:

111 NATURE WALK PARKWAY
SUITE 105
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

1550 US HWY 1 SOUTH
ST. AUGUSTINE, FL 32084

Current Mailing Address:

1101 WINTERHAWK DRIVE
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 27-2408568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILSON INSURANCE & FINANCIAL SERVICES, INC
111 NATURE WALK PARKWAY
SUITE 105
ST. AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

WILSON INSURANCE & FINANCIAL SERVICES, INC
1550 US HWY 1 SOUTH
ST. AUGUSTINE, FL 32084 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: ROBIN WILSON

02/17/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: WILSON INSURANCE & FINANCIAL SERVICES, INC
Address: 1550 US HWY 1 SOUTH
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 Statutes.

SIGNATURE: ROBIN WILSON

PRES

02/17/2011

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