2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2012
Secretary of State

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Entity Name: ROBIN WILSON INSURANCE SERVICES, LLC

Current Principal Place of Business:

1550 US HWY 1 SOUTH
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

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 ( )**

Name and Address of Current Registered Agent:

WILSON INSURANCE & FINANCIAL SERVICES, INC
1550 US HWY 1 SOUTH
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: 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 Statues.

SIGNATURE: ROBIN WILSON PRES 03/27/2012

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