


**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # M06000003878</b> 1. Entity Name <b>WESCOM INSURANCE SERVICES, LLC</b>	
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<b>Principal Place of Business</b> 5601 E. LA PALMA AVE. ANAHEIM, CA 92807-2109	<b>Mailing Address</b> 5601 E. LA PALMA AVE. ANAHEIM, CA 92807-2109
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**DO NOT WRITE IN THIS SPACE**



01122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>95-4821865</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HATCH, JOHN D  
1267 BERKSHIRE LANE, SUITE 200  
TARPON SPRINGS, FL 34688

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDLIN, LYLE 627 AVERY PLACE LONG BEACH, CA 90807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TYRELL, THOMAS H 2591 N. FOUNTAIN ARBOR DR. ORANGE, CA 92867
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITAKER, KEN 13043 ESPINHEIRA CERRITOS, CA 90703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TORRES, CHRISTOPHER I 26258 SOLRID MISSION VIEJO, VA 92892
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000602929  
01/26/07-80111-007 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: LYLE SANDLIN **888**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE **01-12-2007** **493-7266**  
Date Daytime Phone # **EXF 1130**