## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M06000003878

26258 SOLRID

MISSION VIEJO, VA 92692

Address:

City-St-Zip:

Entity Name: WESCOM INSURANCE SERVICES, LLC

FILED Jul 09, 2008 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:
	•	·
	A PALMA AVE.	5601 E. LA PALMA AVE.
ANAHEIM	, CA 928072109	3RD FLOOR ANAHEIM, CA 928072109
Current Mailing Address:		New Mailing Address:
	A PALMA AVE. , CA 928072109	P.O. BOX 68061 ANAHEIM, CA 928176861
	: 95-4821865 FEI Number Applied For ( ) ice with s. 607.193(2)(b), F.S., the limited liability	FEI Number Not Applicable ( ) Certificate of Status Desired ( ) company did not receive the prior notice.
Name and	l Address of Current Registered Agent:	Name and Address of New Registered Agent:
1267 BÉR TARPON	HATCH, JOHN D  267 BERKSHIRE LANE, SUITE 200  TARPON SPRINGS, FL 34688 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.  BIGNATURE:  Electronic Signature of Registered Agent  Date	
		o parpose of changing the registered effect of registered agent, or sea
SIGNATUI	RE:	
	Electronic Signature of Registered	Agent Date
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:
Title: Name:	P () Delete SANDLIN, LYLE	Title: ( ) Change ( ) Addition Name:
Address: City-St-Zip:	627 AVERY PLACE LONG BEACH, CA 90807	Address: City-St-Zip:
Title:	V () Delete	Title: ( ) Change ( ) Addition
Name:	TYRELL, THOMAS H	Name:
Address:	2591 N. FOUNTAIN ARBOR DR.	Address:
City-St-Zip:	ORANGE, CA 92867	City-St-Zip:
Title:	V ( ) Delete	Title: V (X) Change ( ) Addition
Name:	WHITAKER, KEN	Name: GUERRA, RALPH
Address:	13043 ESPINHEIRA	Address: 6010 JACARANDA LANE
City-St-Zip:	CERRITOS, CA 90703	City-St-Zip: YORBA LINDA, CA 92887
Title: Name:	V () Delete TORRES, CHRISTOPHER I	Title: ( ) Change ( ) Addition Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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.

Address:

City-St-Zip:

SIGNATURE: LYLE SANDLIN P 07/09/2008