

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003878

FILED
Feb 12, 2009
Secretary of State

Entity Name: WESCOM INSURANCE SERVICES, LLC

Current Principal Place of Business:

5601 E. LA PALMA AVE.
3RD FLOOR
ANAHEIM, CA 928072109

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 68061
ANAHEIM, CA 928176861

New Mailing Address:

FEI Number: 95-4821865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATCH, JOHN D
1267 BERKSHIRE LANE, SUITE 200
TARPON SPRINGS, FL 34688 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: P () Delete
Name: SANDLIN, LYLE
Address: 627 AVERY PLACE
City-St-Zip: LONG BEACH, CA 90807

Title: V () Delete
Name: TYRELL, THOMAS H
Address: 2591 N. FOUNTAIN ARBOR DR.
City-St-Zip: ORANGE, CA 92867

Title: V () Delete
Name: GUERRA, RALPH
Address: 6010 JACARANDA LANE
City-St-Zip: YORBA LINDA, CA 92887

Title: V () Delete
Name: TORRES, CHRISTOPHER I
Address: 26258 SOLRID
City-St-Zip: MISSION VIEJO, VA 92692

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: LYLE SANDLIN

P

02/12/2009

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