M10000004755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

100263481431

08/26/14--01015--001 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 AUG 26 PM 1:37

SEP 04 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIGHLAND INSURANCE SOLUTIONS LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rosario Papa
Name of Person

WNC Insurance Services, Inc.
Firm/Company

899 El Centro Street
Address

South Pasadena, CA 91030
City/State and Zip Code

rpapa@wncfirst.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosario Papa at (626) 463-6438
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ■ $25 Filing Fee
- ❑ $30 Filing Fee & Certificate of Status
- ❑ $55 Filing Fee & Certified Copy
- ❑ $60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: HIGHLAND INSURANCE SOLUTIONS LLC M10000004755

2. Jurisdiction of its organization: California

3. Date authorized to do business in Florida: 10/27/2010

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: _____
(must contain "Limited Liability Company, " "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Please see attached list

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Carl L. Herrmann, III

Typed or printed name of signee

Filing Fee: $25.00

FILED
14 AUG 26 PM 1:38
SECRETARY OF STATE
DIVISION OF CORPORATIONS

HIGHLAND INSURANCE SOLUTIONS LLC		
Florida Document Number M10000004755		
List of Officers and Directors		
Please **ADD** the following Officers and Directors:		
Name	**Title**	**Address**
Carl L. Herrmann, III	President, Manager & Director	899 El Centro St, South Pasadena CA 91030
Patrick M. Blandford	Secretary, Treasurer, Manager & Director	899 El Centro St, South Pasadena CA 91030
Please **DELETE** the following Officers and Directors:		
Name	**Title**	
Toby E. Wells	President & Director	
Ali Haralson	Treasurer & Director	
Amanda M Darby	Secretary	

14 AUG 26 PM 1:38

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS