2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2015
Secretary of State
CC0061057447

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Entity Name: WORKERS COMPENSATION.COM, L.L.C.

Current Principal Place of Business:

1844 4TH STREET
SUITE 2
SARASOTA, FL 34236

Current Mailing Address:

PO BOX 2432
SARASOTA, FL 34230

FEI Number: 60-0000516

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, ROBERT H
1844 4TH STREET
SUITE 2
SARASOTA, FL 34236 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.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	CEO/MGRM
Name	LANCASTER, ALEX	Name	WILSON, ROBERT H
Address	711 N WASHINGTON BLVD	Address	PO BOX 2432
City-State-Zip:	SARASOTA FL 34236	City-State-Zip:	SARASOTA FL 34230

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT H. WILSON CEO 04/20/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date