

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108927

Entity Name: W.M. INSURANCE & ASSOCIATES, LLC

Current Principal Place of Business:

4121 PARKER AVE
WEST PALM BEACH, FL 33405

Current Mailing Address:

4121 PARKER AVE
WEST PALM BEACH, FL 33405 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JESTINE, WIKENSON P
4121 PARKER AVE
WEST PALM BEACH, FL 33405 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 MGRM
Name JESTINE, WIKENSON
Address 4121 PARKER AVE
City-State-Zip: WEST PALM BEACH FL 33405

Title MGR
Name JESTINE, NERLYN
Address 4121 PARKER AVE
City-State-Zip: WEST PALM BEACH FL 33405

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: WIKENSON JESTINE

MGRM

04/20/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date