

**2013 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:** 20-5857870

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JESTINE, WIKENSON P  
1033 GROVE PARK CIRCLE  
BOYNTON BEACH, FL 33436 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 1033 GROVE PARK CIRCLE  
City-State-Zip: BOYNTON BEACH FL 33436

Title MGR  
Name JESTINE, NERLYN  
Address 1033 GROVE PARK CIRCLE  
City-State-Zip: BOYNTON BEACH FL 33409

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WIKENSON JESTINE

MGRM

04/29/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date