

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000129660

Entity Name: WICHERT INSURANCE SERVICES OF FLORIDA, LLC

Current Principal Place of Business:

2268 GULF GATE DR.
SARASOTA, FL 34231-4815

Current Mailing Address:

1200 GRAHAM RD
CUYAHOGA FALLS, OH 44224 US

FEI Number: 38-3889750

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VIOLAND, TIMOTHY
3775 CALEDONIA LANE
SARASOTA, FL 34240-1447 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
Name WICHERT, THOMAS H
Address 1200 GRAHAM RD
City-State-Zip: CUYAHOGA FALLS OH 44224

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: THOMAS H. WICHERT

MANAGER

04/24/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date