

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000024429

Entity Name: WHH INSURANCE LLC

Current Principal Place of Business:

11802 MAGNOLIA FALLS DR
JACKSONVILLE, FL 32258

Current Mailing Address:

11802 MAGNOLIA FALLS DR
JACKSONVILLE, FL 32258

FEI Number: 81-1573738

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOOD, TERRY
11802 MAGNOLIA FALLS DR
JACKSONVILLE, FL 32258 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	MGR
Name	WOOD, TERRY	Name	HILL, DENNIS
Address	11802 MAGNOLIA FALLS DR	Address	1779 PROVIDENCE HOLLOW LN
City-State-Zip:	JACKSONVILLE FL 32258	City-State-Zip:	JACKSONVILLE FL 32223

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: TERRY R. WOOD

MGR

03/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date