

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000038466

**Entity Name:** WM INSURANCE AGENCY LLC

**Current Principal Place of Business:**

14300 AVALON RESERVE BLVD  
105  
ORLANDO, FL 32828

**Current Mailing Address:**

14300 AVALON RESERVE BLVD.  
APT. 105  
ORLANDO, FL 32828 US

**FEI Number:** 83-4256769

**Certificate of Status Desired:** No

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

MATOS ARROYO, WANDA I  
14300 AVALON RESERVE BLVD  
105  
ORLANDO, FL 32828 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 MATOS, WANDA I  
Address 14300 AVALON RESERVE BLVD.  
APT 105  
City-State-Zip: ORLANDO FL 32828

*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:** WANDA I MATOS ARROYO

MGR

03/19/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date