

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000038466

Entity Name: WM INSURANCE AGENCY LLC

Current Principal Place of Business:

7200 LAKE ELEANOR DR
STE 104
ORLANDO, FL 32809

Current Mailing Address:

614 E GRAND HWY
CLERMONT, FL 34711 US

FEI Number: 83-4256769

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATOS ARROYO, WANDA I
614 E GRAND HWY
CLERMONT, FL 34711 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 ARROYO, WANDA I
Address 614 E GRAND HWY
City-State-Zip: CLERMONT FL 34711

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

02/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date