No. <b>W 112108</b>		Due no later than Mar 31, 2014		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			NATIONAL CORPORATE RESEARCH LT			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  JHS CAPITAL INSURANCE SERVICES. LLC  MELISSA BEAVER  501 E KENNEDY BLVD STE 1400  TAMPA FL 33602		921 S ORCHARD ST STE G BOISE ID 83706 USA  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	anies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	ROBERT G	ALVAREZ	501 E KENNEDY BLVD STE 1400	TAMPA	FL	USA	33602	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
FL W 112108		Signature: Melissa Beaver		Date: 02/07/2014				
		Name (type or print): Melissa Beaver		Title: Insurance Agency Admin				
Processed 02/07/2014 * Electronically provided signatures are accepted as original signatures.								