No. <b>W 112108</b>	Due no later than Mar 31, 2015	2. Registe	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	10 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CORPORATION SERVICE COMPANY			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	in this box if needed. 12550 W EXPLORER DR STE 100 BOISE 83713				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	JHS CAPITAL INSURANCE SERVICES. LLC MELISSA BEAVER 501 E KENNEDY BLVD STE 1400		BOISE 63713			
	TAMPA FL 33602	3. <u>New</u> Re	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA					
4. Limited Liability Companies: Enter Na	mes and Addresses 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.*					
R.	Signature: Robert G Alvarez		Date: 03/02/2015			
W 112108	Name (type or print): Robert G Alvarez		Title: I	Manager		
Processed 03/02/2015	* Electronically provided signatures are accepted as original signatures.					