RI SOS Filing Number: 201070982360 Date: 10/22/2010 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.*

1. ID No.	2. Exact name of the limited liability company
337877	Welcome Life Securities, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Florida	Insurance Services

5. Principal office address	City	State	Zip
~~301 Yamato Road Suite 1190~~ 6001 Broken Sound Parkway, Ste. 320-A	Boca Raton	FL	33487 ~~33431~~

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON

Contact Name	Contact Title
Daniel A. Ohman	

Street Address	City	State	Zip
~~301 Yamato Road Suite 1190~~ 6001 Broken Sound Parkway, Ste. 320-A	Boca Raton	FL	33487 ~~33431~~

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS.
FILE IN SPACES BELOW. USE ATTACHMENTS ONLY IF NECESSARY. ☐ BOX FOR ATTACHMENT(S)

Manager Name	Street Address	City	State	Zip
~~Danial A. Ohman~~	~~301 Yamato Road Suite 1190~~	~~Boca Raton~~	~~FL~~	~~33431~~
Daniel A. Ohman	6001 Broken Sound Pkwy, Ste. 320-A	Boca Raton	FL	33487
Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	City	State	Zip

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

FILED
OCT 25 2010
BY CT129539

2010 OCT 25 PM 9:40
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SECRETARY OF STATE

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

337877

[redacted]

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

10/21/10
Signature of Authorized Person *Date*

[redacted] Daniel Ohman
Print or Type Name of Authorized Person

Form 632 Rev. 08/08

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