

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000141752

Entity Name: CKP INSURANCE, LLC

FILED  
Sep 27, 2012  
Secretary of State

**Current Principal Place of Business:**

21845 POWERLINE ROAD, STE. 205  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

21845 POWERLINE ROAD, STE. 205  
BOCA RATON, FL 33433

**New Mailing Address:**

FEI Number: 90-0857103

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

JONATHAN D. LOUIS, P.A.  
7777 GLADES ROAD, STE. 315-B  
BOCA RATON, FL 33434 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HEMPHILL, CHARLES J  
Address: 18619 OCEAN MIST DRIVE  
City-St-Zip: BOCA RATON, FL 33498

Title: MGRM  
Name: RADER, KEVIN  
Address: 10750 AVENIDA DEL RIO  
City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CHARLES HEMPHILL

MGRM

09/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date