

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000051727

**Entity Name:** GEHRING INSURANCE, INC.

**Current Principal Place of Business:**

4440 PGA BOULEVARD  
SUITE 408  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

4440 PGA BOULEVARD  
SUITE 408  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 65-1113015

**Certificate of Status Desired:** No

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

GEHRING, KLIF  
334 JACARANDA DRIVE  
JUPITER, FL 33458 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

**Officer/Director Detail :**

Title	P	Title	VP
Name	GEHRING, KLIF	Name	GEHRING, MARILYN
Address	334 JACARANDA DRIVE	Address	411 WOONVIEW CIRCLE
City-State-Zip:	JUPITER FL 33458	City-State-Zip:	PALM BEACH GARDENS FL 33418

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KLIF GEHRING

**PRESIDENT**

**01/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date