

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000036927

**Entity Name:** ARK ROYAL UNDERWRITERS, LLC

**Current Principal Place of Business:**

1 ASI WAY  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

1 ASI WAY  
ST. PETERSBURG, FL 33702 US

**FEI Number:** 26-0325360

**Certificate of Status Desired:** Yes

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

KARD, CHRISTOPHER  
1 ASI WAY  
ST. PETERSBURG, FL 33702 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

**Authorized Person(s) Detail :**

Title MGRM  
Name RUPPEL, DENNIS G  
Address 911 CHESTNUT STREET  
City-State-Zip: CLEARWATER FL 33756

Title MGRM  
Name SHER, CRAIG H  
Address 5858 CENTRAL AVENUE  
City-State-Zip: ST. PETERSBURG FL 33707

Title MGRM  
Name WILLIS, ROBERT H JR.  
Address P.O. BOX 30  
City-State-Zip: ST. PETERSBURG FL 33731

Title MGRM  
Name WORTHINGTON, ANN R  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title TREASURER  
Name KARD, CHRISTOPHER H  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title MGRM  
Name ROHDE, GILBERT C JR.  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHER H. KARD

**TREASURER**

**03/01/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date