

**2018 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:** No

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

CONLIN, ANGEL  
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 ROHDE, GILBERT C JR.  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title MGR,PRES.,T  
Name AUER, JOHN F  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title EVT  
Name MIKEY, KEVIN R  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title S  
Name CONLIN, ANGEL D  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title VP  
Name HILLIER, TREVOR C  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title VP  
Name FJARE, TANYA  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title VP  
Name HANNON, JEFFREY  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title VP  
Name FOURNET, MARY  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

**Continues on page 2**

*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:** AUER , JOHN F

PRESIDENT, DIANE  
CHICHESTER,  
ATTORNEY-IN-FACT

04/20/2018

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title VP  
Name BRUBAKER, PHILLIP  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title VP  
Name MCCRINK, PATRICK  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702