

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000141752

**Entity Name:** CKP INSURANCE, LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 90-0857103

**Certificate of Status Desired:** No

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

JONATHAN D. LOUIS, P.A.  
7777 GLADES ROAD, STE. 315-B  
BOCA RATON, FL 33434 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 HEMPHILL, CHARLES J  
Address 18619 OCEAN MIST DRIVE  
City-State-Zip: BOCA RATON FL 33498

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

*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:** CHARLES HEMPHILL

**MANAGING MEMBER**

**01/14/2015**

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

\_\_\_\_\_  
Date