

2018 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: Yes

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: KEVIN RADER

MANAGING MEMBER

01/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date