

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000056836

Entity Name: SUNKEY INSURANCE GROUP LLC

Current Principal Place of Business:

520 N. ORLANDO AVE SUITE 250
WINTER PARK, FL 32789

Current Mailing Address:

520 N. ORLANDO AVE SUITE 250
WINTER PARK, FL 32789 US

FEI Number: 47-3664013

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LANG, STEPHEN
520 N. ORLANDO AVE SUITE 250
WINTER PARK, FL 32789 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 AMBR
Name LANG, STEPHEN
Address 520 N. ORLANDO AVE SUITE 250
City-State-Zip: WINTER PARK FL 32789

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: STEPHEN LANG

MANAGING MEMBER

03/08/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date