

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000138666

Entity Name: AOKYN INSURANCE LLC

Current Principal Place of Business:

1133 SW 4 ST
BOCA RATON, FL 33486

Current Mailing Address:

1133 SW 4 ST
BOCA RATON, FL 33486 US

FEI Number: 86-2821062

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OKYN, AMANDA
1133 SW 4 TH ST
BOCA RATON, FL 33486 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 MANAGER/OWNER
Name OKYN, AMANDA
Address 1133 SW 4 ST
City-State-Zip: BOCA RATON FL 33486

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: AMANDA OKYN

MGR

03/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date