

**2022 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

**OWNER**

**03/25/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date