

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000015600

1. Entity Name  
CORKHILL INSURANCE AGENCY, LLC



Principal Place of Business  
20 S BUMBY AVE  
ORLANDO, FL 32803

Mailing Address  
P.O. BOX 538891  
ORLANDO, FL 32853



03252005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3685165

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CORKHILL, SCOTT  
20 SOUTH BUMBY AVENUE  
ORLANDO, FL 32803

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

U000000273486  
03/28/05-80068-021 50.00

**9. — MANAGING MEMBERS/MANAGERS**

TITLE	P
NAME	CORKHILL, SCOTT
STREET ADDRESS	700 WINTHROP PLACE
CITY- ST- ZIP	ORLANDO, FL 32803
TITLE	V
NAME	WILSON, CAROL C
STREET ADDRESS	2338 CERBERUS DRIVE
CITY- ST- ZIP	APOPKA, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

*Carol C Wilson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Use

Daytime Phone #

3/25/05 407-898-8891