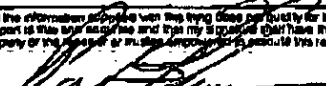


FILED
Jul 14, 2003 8:00 am
Secretary of State

05-05-2003 92212 016 ****50.00

5/5/20

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000032608			
1. Entity Name ARM-KING INSURANCE, L.C.			
Principal Place of Business 700-900 E. SUNRISE BLVD. FORT LAUDERDALE, FL 33304		Mailing Address 700-900 E. SUNRISE BLVD. FORT LAUDERDALE, FL 33304	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEE NUMBER 90-0080598		5. Certificate of State Deemed ☐ \$5.00 Addition of Fee Required	
6. Name and Address of Current Registered Agent PAYNE, TODD S 4000 HOLLYWOOD BLVD., SUITE 400 NORTH HOLLYWOOD, FL 33221		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box number is Not Acceptable)	
City		FL Zip Code	
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 _____			
9. MANAGING MEMBER OR MANAGER			
NAME VP/CEO Kirk Francis 700-900 E. SUNRISE, Blvd Fort Lauderdale FL 33304		NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
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NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
10. I hereby certify that the information provided was the best I could provide for the information stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information included 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 member or manager of the limited liability company as required by Chapter 605, Florida Statutes.			
SIGNATURE: 			

55051062

☐ CHECK HERE IF MAKING CHANGES

CHARGE (110)