

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000035402

**FILED**  
**Oct 12, 2006**  
**Secretary of State**

**Entity Name:** JK INSURANCE PARTNERS, LLC

**Current Principal Place of Business:**

2850 N. ANDREWS AVE  
FT. LAUDERDALE, FL 33311 US

**New Principal Place of Business:**

**Current Mailing Address:**

2850 N. ANDREWS AVE  
FT. LAUDERDALE, FL 33311 US

**New Mailing Address:**

**FEI Number:** 20-2662217      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCRORY, JOHN W  
2850 N. ANDREWS AVE  
FT. LAUDERDALE, FL 33311 US

**Name and Address of New Registered Agent:**

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:** JOHN W. MCCRORY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** MCCRORY, JOHN W  
**Address:** 2850 N. ANDREWS AVE  
**City-St-Zip:** FT. LAUDERDALE, FL 33311 US

**Title:** MGRM ( ) Delete  
**Name:** REEVES, KIP F  
**Address:** 2850 N. ANDREWS AVE  
**City-St-Zip:** FT. LAUDERDALE, FL 33311 FL

**Title:** MGR ( ) Delete  
**Name:** WARDELL, PHILLIP M  
**Address:** 2850 N. ANDREWS AVE  
**City-St-Zip:** FT. LAUDERDALE, FL 33311 US

**Title:** MGR ( ) Delete  
**Name:** SARDUY, JOSEPH E  
**Address:** 2850 N. ANDREWS AVE  
**City-St-Zip:** FT. LAUDERDALE, FL 33311 US

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** JOHN W. MCCRORY

MGRM

10/12/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date