

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000040698

**FILED**  
**Mar 10, 2010**  
**Secretary of State**

**Entity Name:** JCK INSURANCE CONSULTING, LLC

**Current Principal Place of Business:**

1419 SOUTHPOINTE CT.  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

1419 SOUTHPOINTE CT.  
MELBOURNE, FL 32940

**New Mailing Address:**

**FEI Number:** 26-4765070

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KROENING, JOHN CHARLES  
1419 SOUTHPOINTE CT.  
MELBOURNE, FL 32940 US

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

JOHN C. KROENING  
1419 SOUTHPOINTE COURT  
MELBOURNE, FL 32940 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: JOHN C. KROENING

03/10/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: KROENING, JOHN C PRESIDE  
Address: 1419 SOUTHPOINTE CT.  
City-St-Zip: MELBOURNE, FL 32940 US

I hereby 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 C. KROENING

P

03/10/2010

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