2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 27, 2012
Secretary of State

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Entity Name: CKP INSURANCE, LLC

Current Principal Place of Business:

21845 POWERLINE ROAD, STE. 205
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

21845 POWERLINE ROAD, STE. 205
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 90-0857103 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JONATHAN D. LOUIS, P.A.
7777 GLADES ROAD, STE. 315-B
BOCA RATON, FL 33434 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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: HEMPHILL, CHARLES J
Address: 18619 OCEAN MIST DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: MGRM
Name: RADER, KEVIN
Address: 10750 AVENIDA DEL RIO
City-St-Zip: DELRAY BEACH, FL 33446

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 Statues.

SIGNATURE: CHARLES HEMPHILL MGRM 09/27/2012

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