

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000059791

Entity Name: CHAPLETON INSURANCE ADVISORS, LLC

Current Principal Place of Business:

19981 SKYHAWK LANE
LOXAHATCHEE, FL 33470

Current Mailing Address:

19981 SKYHAWK LANE
LOXAHATCHEE, FL 33470 US

FEI Number: 82-3676254

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOPIE, LON A
19981 SKYHAWK LANE
LOXAHATCHEE, FL 33470 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name GOPIE, LON A
Address 19981 SKYHAWK LANE
City-State-Zip: LOXAHATCHEE FL 33470

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LON GOPIE

MGR

01/19/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date