

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000088113

Entity Name: KLEKAMP INSURANCE LLC

Current Principal Place of Business:

905 16TH PLACE
VERO BEACH, FL 32960

Current Mailing Address:

905 16TH PLACE
VERO BEACH, FL 32960 US

FEI Number: 82-1264574

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KLEKAMP, JAIME S
905 16TH PLACE
VERO BEACH, FL 32960 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 KLEKAMP, JAIME S
Address 905 16TH PLACE
City-State-Zip: VERO BEACH FL 32960

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: JAIME KLEKAMP

OWNER

01/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date