

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000202977

Entity Name: KIN RISK MANAGEMENT, LLC

Current Principal Place of Business:

415 1ST AVENUE
ST. PETERSBURG, FL 33701

Current Mailing Address:

415 1ST AVENUE
ST. PETERSBURG, FL 33701 US

FEI Number: 83-2146458

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CF REGISTERED AGENT, INC.
100 S ASHLEY DR #400
TAMPA, FL 33602 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 MBR
Name KIN INSURANCE, INC.
Address 55 W. MONROE STREET, SUITE 2200
City-State-Zip: CHICAGO IL 60603

Title AUTHORIZED REPRESENTATIVE
Name WARD, LUCAS
Address 55 W. MONROE STREET, SUITE 2200
City-State-Zip: CHICAGO IL 60603

Title AUTHORIZED REPRESENTATIVE
Name CONLIN, ANGEL
Address 55 W. MONROE STREET, SUITE 2200
City-State-Zip: CHICAGO IL 60603

Title AUTHORIZED REPRESENTATIVE
Name HARPER, SEAN
Address 55 W. MONROE STREET, SUITE 2200
City-State-Zip: CHICAGO IL 60603

Title AUTHORIZED REPRESENTATIVE
Name COHEN, JOSH
Address 55 W. MONROE STREET, SUITE 2200
City-State-Zip: CHICAGO IL 60603

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: JOSH COHEN

**AUTHORIZED
REPRESENTATIVE**

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date