2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000000944

Entity Name: ORCHID UNDERWRITERS AGENCY HOLDINGS LLC

FILED Mar 30, 2022 Secretary of State 0922288933CC

Current Principal Place of Business:

1201 19TH PLACE SUITE A110

VERO BEACH, FL 32960

Current Mailing Address:

1201 19TH PLACE SUITE A110 VERO BEACH, FL 32960 US

FEI Number: 47-1871103 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: JAMES H TANKS III 03/30/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title **MANAGER** Title MANAGER Name BABCOCK, BILL Name

LUMELLAU, JOHN Address 1201 19TH PLACE Address 1201 19TH PLACE SUITE A110

SUITE A110

VERO BEACH FL 32960 VERO BEACH FL 32960 City-State-Zip: City-State-Zip:

Title **MANAGER** Title **MANAGER** MILLER, GLENN F. EWING, ANNA Name Name

1201 19TH PLACE 1201 19TH PLACE Address Address

SUITE A110 SUITE A110

VERO BEACH FL 32960 VERO BEACH FL 32960 City-State-Zip: City-State-Zip:

Title **MANAGER** Title **MANAGER** WINOKUR, DAVID ZEPF, PAUL Name Name

1201 19TH PLACE 1201 19TH PLACE Address Address

SUITE A110 SUITE A110

VERO BEACH FL 32960 City-State-Zip: VERO BEACH FL 32960 City-State-Zip:

Title **MANAGER** Title **MANAGER**

Name BILZIN, JONATHAN Name EMMONS, BRADFORD R.

Address 1201 19TH PLACE Address 1201 19TH PLACE SUITE A110 SUITE A110

VERO BEACH FL 32960 City-State-Zip: VERO BEACH FL 32960 City-State-Zip:

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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.

03/30/2022 SIGNATURE: EARLS, ALEX MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

TitleMANAGERTitleMANAGERNameCARLSEN, STEVENNameEARLS, ALEX

Address 1201 19TH PLACE Address 1201 19TH PLACE

SUITE A110 SUITE A110

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