

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000001683

**Entity Name:** FGI LICENSING INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

80 BROAD ST  
22ND FLOOR  
NEW YORK, NY 10004

**Current Mailing Address:**

80 BROAD ST  
22ND FLOOR  
NEW YORK, NY 10004 US

**FEI Number:** 81-2425200

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
SUITE A  
TALLAHASSEE, FL 32301 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 MEMBER  
Name DIPIERO, DAVID  
Address 80 BROAD ST  
22ND FLOOR  
City-State-Zip: NEW YORK NY 10004

Title MEMBER  
Name ALBERTELLI, JOSEPH  
Address 80 BROAD ST  
22ND FLOOR  
City-State-Zip: NEW YORK NY 10004

Title MEMBER  
Name ALTAHER, SAMI  
Address 80 BROAD ST  
22ND FLOOR  
City-State-Zip: NEW YORK NY 10004

Title AUTHORIZED REPRESENTATIVE  
Name STEINMAN, ANNA  
Address 80 BROAD ST  
22ND FLOOR  
City-State-Zip: NEW YORK NY 10004

*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:** ANNA STEINMAN

**AUTHORIZED PERSON**

**03/06/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date