

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000003194

Entity Name: THE DEHAYES GROUP, LLC**Current Principal Place of Business:**2600 COMMERCE DR
HARRISBURG, PA 17110**Current Mailing Address:**PO BOX 463
IRWIN, PA 15642 US**FEI Number:** 47-2788361**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC
7901 4TH ST. N
SUITE 300
ST. PETERSBURG, FL 33702 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:** BILL HAVRE, ASSISTANT SECRETARY

03/10/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MEMBER
Name PIKEL, JEFFREY J.
Address 2600 COMMERCE DR
City-State-Zip: HARRISBURG PA 17110

Title MEMBER
Name BURNS, KEVIN M.
Address 2600 COMMERCE DR
City-State-Zip: HARRISBURG PA 17110

Title MEMBER
Name GROVES, NICHOLAS C.
Address 2600 COMMERCE DR
City-State-Zip: HARRISBURG PA 17110

Title MEMBER
Name BRAZILL, PATRICK J.
Address 2600 COMMERCE DR
City-State-Zip: HARRISBURG PA 17110

Title MEMBER
Name GERBERS, GREGORY
Address 2600 COMMERCE DR
City-State-Zip: HARRISBURG PA 17110

Title MEMBER
Name PIKEL, KEVIN J.
Address 2600 COMMERCE DR
City-State-Zip: HARRISBURG PA 17110

Title MEMBER
Name RYAN, JOHN E.
Address 2600 COMMERCE DR
City-State-Zip: HARRISBURG PA 17110

Title MEMBER
Name KEYSTONE AGENCY PARTNERS LLC
Address 2600 COMMERCE DR
City-State-Zip: HARRISBURG PA 17110

Continues on page 2

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: JEFFREY TURNER

MEMBER

03/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

| | |
|-----------------|---------------------|
| Title | MEMBER |
| Name | TURNER, JEFFREY |
| Address | 2600 COMMERCE DR |
| City-State-Zip: | HARRISBURG PA 17110 |