

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000011113

**Entity Name:** ORION INSURANCE INTERMEDIARIES, LLC**Current Principal Place of Business:**7901 4TH ST N  
SUITE 300  
ST. PETERSBURG, FL 33702**Current Mailing Address:**1298 PROSPECT STREET  
#1U  
LA JOLLA, CA 92037 US**FEI Number:** 85-2899111**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS, INC.  
7901 4TH ST N.  
STE 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

03/23/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MBR
Name	KASSAR, JOHN
Address	1298 PROSPECT STREET, #1U
City-State-Zip:	LA JOLLA CA 92037

Title	AP
Name	HOPE, JASON
Address	PO BOX 235061
City-State-Zip:	ENCINITAS CA 92023

Title	MGR
Name	RIBBE, ROBERT
Address	1250 GALLOWAY DRIVE
City-State-Zip:	WOOD STOCK IL 60098

*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:** JOHN KASSAR

MBR

03/23/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date