

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000016457

**Entity Name:** FLOURISH INSURANCE AGENCY LLC

**Current Principal Place of Business:**

2 PARK AVE, FLOOR 11  
NEW YORK, NY 10016

**Current Mailing Address:**

2 PARK AVE, FLOOR 11  
NEW YORK, NY 10016 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK, INC.  
801 US HWY 1  
NORTH PALM BEACH, FL 33408 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:** JON-MICHAEL SANCHEZ, SPECIAL SECRETARY

04/12/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CEO  
Name LANE, MAXWELL  
Address 2 PARK AVE, FLOOR 11  
City-State-Zip: NEW YORK NY 10016

Title PRESIDENT  
Name CRUIKSHANK, BENJAMIN  
Address 2 PARK AVE, FLOOR 11  
City-State-Zip: NEW YORK NY 10016

Title CHIEF INFORMATION SECURITY OFFICER AND VICE PRESIDENT  
Name LAPSYS, SHANE  
Address 2 PARK AVE, FLOOR 11  
City-State-Zip: NEW YORK NY 10016

Title CHIEF COMPLIANCE OFFICER, COUNSEL AND SECRETARY  
Name MURRAY, KATE  
Address 2 PARK AVE, FLOOR 11  
City-State-Zip: NEW YORK NY 10016

Title TREASURER  
Name SINISGALLI, JULIETA  
Address 2 PARK AVE, FLOOR 11  
City-State-Zip: NEW YORK NY 10016

Title ASSISTANT TREASURER  
Name FINUCANE, BRIAN  
Address 2 PARK AVE, FLOOR 11  
City-State-Zip: NEW YORK NY 10016

Title MANAGER  
Name THOMAS, FRANCES  
Address 2 PARK AVE, FLOOR 11  
City-State-Zip: NEW YORK NY 10016

Title MANAGER  
Name CRUIKSHANK, BENJAMIN  
Address 2 PARK AVE, FLOOR 11  
City-State-Zip: NEW YORK NY 10016

**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:** FRANCES THOMAS

MANAGER, BY JON-MICHAEL SANCHEZ, ATTORNEY-IN-FACT

04/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER  
Name           LANE, MAXWELL  
Address        2 PARK AVE, FLOOR 11  
City-State-Zip: NEW YORK NY 10016

Title           MANAGER  
Name           LLC, FLOURISH HOLDING COMPANY  
Address        2 PARK AVE, FLOOR 11  
City-State-Zip: NEW YORK NY 10016