

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000016872

Entity Name: BROADPEAK INSURANCE SERVICES LLC

Current Principal Place of Business:

111 E ATLANTIC AVE STE 200
DELRAY BEACH, FL 33444

Current Mailing Address:

111 E ATLANTIC AVE STE 200
DELRAY BEACH, FL 33444 US

FEI Number: 87-4717041

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARACORP INCORPORATED
155 OFFICE PLAZA DRIVE, 1ST FLOOR
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 MGR
Name DORMAN, JOSHUA
Address 111 E ATLANTIC AVE STE 200
City-State-Zip: DELRAY BEACH FL 33444

Title MGR
Name VANHORN, GREGORY
Address 111 E ATLANTIC AVE STE 200
City-State-Zip: DELRAY BEACH FL 33444

Title MGR
Name VANHORN, CHRISTINE
Address 111 E ATLANTIC AVE STE 200
City-State-Zip: DELRAY BEACH FL 33444

Title MGR
Name VANHORN, RYAN
Address 111 E ATLANTIC AVE STE 200
City-State-Zip: DELRAY BEACH FL 33444

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: GREGORY VAN HORN

PRESIDENT

02/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date