

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000017523

**Entity Name:** DARWIN INSURANCE GROUP, LLC

**Current Principal Place of Business:**

4601 W. NORTH A STREET  
TAMPA, FL 33609

**Current Mailing Address:**

4601 W. NORTH A STREET  
TAMPA, FL 33609 US

**FEI Number:** 47-2268806

**Certificate of Status Desired:** No

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

VAN GINHOVEN, PAUL S  
4601 W. NORTH A STREET  
TAMPA, FL 33609 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:** PAUL S VAN GINHOVEN

05/01/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name DARWIN PARTNERS, LLC  
Address 4601 W. NORTH A STREET  
City-State-Zip: TAMPA FL 33609

Title AUTHORIZED REPRESENTATIVE,  
CHIEF COMPLIANCE OFFICER  
Name VAN GINHOVEN, PAUL S  
Address 4601 W. NORTH A STREET  
City-State-Zip: TAMPA FL 33609

*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:** MICHAEL BARTOLOTTA

MANAGER OF ITS  
MANAGER

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date