

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000000915

**Entity Name:** MERIDIAN INSURANCE PARTNERS I, LLC

**Current Principal Place of Business:**

1501 MUIRFIELD COVE  
ALPHARETTA, GA 30004

**Current Mailing Address:**

1501 MUIRFIELD COVE  
ALPHARETTA, GA 30004 US

**FEI Number: 26-3940214**

**Certificate of Status Desired: Yes**

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

CRYAN, GREGORY J  
2255 GLADES ROAD  
321 A  
BOCA RATON, FL 33431 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 MGRM  
Name CRYAN, GREGORY J  
Address 2255 GLADES ROAD  
321 A  
City-State-Zip: BOCA RATON FL 33431

*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 J CRYAN**

**MANAGING MEMBER**

**02/04/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date