

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000041696

Entity Name: LAUREATE INSURANCE PARTNERS, LLC**Current Principal Place of Business:**4211 W. BOY SCOUT BLVD, SUITE 800
TAMPA, FL 33607**Current Mailing Address:**4211 W. BOY SCOUT BLVD, SUITE 800
TAMPA, FL 33607 US**FEI Number:** 81-5475339**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 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

02/27/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER, MEMBER
Name BRP MAIN STREET INSURANCE HOLDINGS, LLC
Address 4211 W. BOY SCOUT BLVD, SUITE 800
City-State-Zip: TAMPA FL 33607

Title MEMBER
Name TAVISTOCK INSURANCE PARTNERS, LLC
Address 4211 W. BOY SCOUT BLVD, SUITE 800
City-State-Zip: TAMPA FL 33607

Title MANAGER
Name BALDWIN, TREVOR
Address 4211 W. BOY SCOUT BLVD, SUITE 800
City-State-Zip: TAMPA FL 33607

Title MANAGER
Name COHEN, SETH
Address 4211 W. BOY SCOUT BLVD, SUITE 800
City-State-Zip: TAMPA FL 33607

Title MANAGER
Name HALE, BRAD
Address 4211 W. BOY SCOUT BLVD, SUITE 800
City-State-Zip: TAMPA FL 33607

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: BRAD HALEMANAGER BY LAUREN
HILL, ATTORNEY-IN-FACT

02/27/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date