| 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: LAURA PASCUCCI | MGR | 04/10/2023 | | |

SIGNATURE: LAURA K PASCUCCI

Authorized Person(s) Detail :

| Title | MGR |
|-----------------|-----------------------|
| Name | PASCUCCI, LAURA K |
| Address | 6478 BRICKLEIGH COURT |
| City-State-Zip: | ALEXANDRIA VA 22315 |

| ALEXANDRIA, | VA 22315 | 05 |
|-------------|----------|----|
| | | |
| | | |

FEI Number: 83-0823309

Name and Address of Current Registered Agent:

K PASCUCCI, LAURA 6478 BRICKLEIGH COURT ALEXANDRIA, FL 22315 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.

Electronic Signature of Registered Agent

DOCUMENT# L18000142295

Entity Name: INSURANCE AND OUTSOURCING PROFESSIONALS LLC

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

6478 BRICKLEIGH COURT ALEXANDRIA, VA 22315

Current Mailing Address:

6478 BRICKLEIGH COURT ALEXANDRIA V/A 22315 LIS

Certificate of Status Desired: No

04/10/2023

Date

FILED Apr 10, 2023 Secretary of State 8645985727CC

Electronic Signature of Signing Authorized Person(s) Detail

MGR

Date