

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001720

Entity Name: CHAMBER INSURANCE AGENCY SERVICES, LLC

Current Principal Place of Business:

450 S ORANGE AVE., 4TH FLOOR
ORLANDO, FL 32801

Current Mailing Address:

450 S ORANGE AVE., 4TH FLOOR
ORLANDO, FL 32801 US

FEI Number: 22-3746022

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MANAGER
Name SMITH , SEAN K.
Address 450 S ORANGE AVE., 4TH FLOOR
City-State-Zip: ORLANDO FL 32801

Title MANAGER
Name VREDENBURG, PAUL
Address 450 S ORANGE AVE., 4TH FLOOR
City-State-Zip: ORLANDO FL 32801

Title MANAGER
Name HENDERSON, JIM W.
Address 450 S ORANGE AVE., 4TH FLOOR
City-State-Zip: ORLANDO FL 32801

Title MANAGER
Name LARSEN, RANDY
Address 450 S ORANGE AVE., 4TH FLOOR
City-State-Zip: ORLANDO FL 32801

Title ASST. SECRETARY
Name MUSCATELLO, STEVEN D
Address 450 S ORANGE AVE., 4TH FLOOR
City-State-Zip: ORLANDO FL 32801

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: MUSCATELLO STEVEN D

ASST. SECRETARY

03/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date