

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000004887

**Entity Name:** GILSBAR SPECIALTY INSURANCE SERVICES, L.L.C.

**Current Principal Place of Business:**

2100 COVINGTON CENTRE  
COVINGTON, LA 70433

**Current Mailing Address:**

2100 COVINGTON CENTRE  
COVINGTON, LA 70433 US

**FEI Number:** 20-2114605

**Certificate of Status Desired:** No

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

CT CORPORATION  
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 MGR  
Name LAMPARD, SHELLEY P  
Address 2100 COVINGTON CENTRE  
City-State-Zip: COVINGTON LA 70433

Title MGR  
Name SCHOTT, JUDY C  
Address 2100 COVINGTON CENTRE  
City-State-Zip: COVINGTON LA 70433

Title MANAGER  
Name HAUN, RYAN  
Address 2100 COVINGTON CENTRE  
City-State-Zip: COVINGTON LA 70433

*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:** RYAN HAUN

MGR

03/13/2023

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

\_\_\_\_\_ Date