

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000001038

Entity Name: EJA/CAPACITY INSURANCE AGENCY LLC

Current Principal Place of Business:

3000 ATRIUM WAY
SUITE 108
MT LAUREL, NJ 08505

Current Mailing Address:

3000 ATRIUM WAY
SUITE 108
MT LAUREL, NJ 08505 US

FEI Number: 27-1510399

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 PRESIDENT
Name ALOI, ERIC
Address 3000 ATRIUM WAY
 SUITE 108
City-State-Zip: MT LAUREL NJ 08505

Title EVP, PRESIDENT
Name O'NEIL, THOMAS
Address 3000 ATRIUM WAY
 SUITE 108
City-State-Zip: MT LAUREL NJ 08505

Title SOLE MEMBER
Name CAPACITY HOLDINGS GROUP LLC
Address 3000 ATRIUM WAY
 SUITE 108
City-State-Zip: MT LAUREL NJ 08505

Title TREASURER
Name MAMMARO, FRANK
Address 1 CALIFORNIA ST, SUITE 400
City-State-Zip: SAN FRANCISCO CA 94111

Title SECRETARY
Name CRAWFORD, DANIEL
Address 2000 ALAMEDA DE LAS PUGLAS
 SUITE 101
City-State-Zip: SAN MATEO CA 94403

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: FRANK MAMMARO

TREASURER

04/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date