

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000004137

**Entity Name:** ALVAREZ & MARSAL INSURANCE AND RISK ADVISORY SERVICES, LLC

**FILED**  
**Feb 20, 2024**  
**Secretary of State**  
**9972629020CC**

**Current Principal Place of Business:**

600 MADISON AVENUE  
8TH FLOOR  
NEW YORK, NY 10022

**Current Mailing Address:**

600 MADISON AVENUE  
8TH FLOOR  
NEW YORK, NY 10022 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	VP	Title	MANAGER
Name	PORETSKY, JOEL A.	Name	ALVAREZ, ANTONIO C. II
Address	600 MADISON AVENUE 8TH FLOOR	Address	600 MADISON AVENUE 8TH FLOOR
City-State-Zip:	NEW YORK NY 10022	City-State-Zip:	NEW YORK NY 10022
Title	MANAGER		
Name	MARSAL, BRYAN P.		
Address	600 MADISON AVENUE 8TH FLOOR		
City-State-Zip:	NEW YORK NY 10022		

*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: JOEL A. PORETSKY

AUTHORIZED  
REPRESENTATIVE

02/20/2024

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

\_\_\_\_\_  
Date