

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1200000998

Entity Name: TEAM INSURANCE SOLUTIONS, LLC

Current Principal Place of Business:

2425 COMMERCE AVE
SUITE 300
DULUTH, GA 30096

Current Mailing Address:

2425 COMMERCE AVE.
SUITE 300
DULUTH, GA 30096 US

FEI Number: 58-2331619

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL, INC.
115 NORTH CALHOUN ST
SUITE 4
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 MGRM
Name CAMPOS, ALEX J
Address 2425 COMMERCE AVE.
SUITE 300
City-State-Zip: DULUTH GA 30096

Title CFO
Name LEVY, JAY
Address 2425 COMMERCE AVE
SUITE 300
City-State-Zip: DULUTH GA 30096

Title AUTHORIZED REPRESENTATIVE
Name RANGEL, LOLITA
Address 2425 COMMERCE AVE.
SUITE 300
City-State-Zip: DULUTH GA 30096

Title AUTHORIZED REPRESENTATIVE
Name MELCHIORE, KELLY
Address 2425 COMMERCE AVE.
SUITE 300
City-State-Zip: DULUTH GA 30096

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: KELLY MELCHIORE

AUTHORIZED REP

01/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date