

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000004474

**Entity Name:** SPECIALTY INSURANCE PARTNERS, LLC

**Current Principal Place of Business:**

1221 LAKE PLAZA DR  
SUITE D  
COLORADO SPRINGS, CO 80906

**Current Mailing Address:**

1221 LAKE PLAZA DR  
SUITE D  
COLORADO SPRINGS, CO 80906 US

**FEI Number:** 46-2692845

**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           MANAGER  
Name           FRANCIS, KATHLEEN  
Address        1221 LAKE PLAZA DR  
                  SUITE D  
City-State-Zip: COLORADO SPRINGS CO 80906

*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:** KATHLEEN FRANCIS

**MANAGER**

**02/23/2024**

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

\_\_\_\_\_ Date