

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000004875

Entity Name: INTERWEST INSURANCE SERVICES, LLC

Current Principal Place of Business:

8950 CAL CENTER DR
SUITE 200
SACRAMENTO, CA 95826

FILED
Feb 01, 2021
Secretary of State
5978670931CC

Current Mailing Address:

P.O. BOX 255188
SACRAMENTO, CA 95865-5188 US

FEI Number: 68-0266090

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
515 E PARK AVE
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 AMBR
Name ZIESKE, CARI MARIE
Address 8950 CAL CENTER DR
STE 200
City-State-Zip: SACRAMENTO CA 95826

Title AMBR
Name BULOTTI, JAMES ALLEN JR.
Address 8950 CAL CENTER DR., STE 200
City-State-Zip: SACRAMENTO CA 95826

Title AMBR
Name ARENCHILD, MERVIN EARL III
Address 1357 E. LASSEN AVE., SUITE 100
City-State-Zip: CHICO CA 95973

Title AMBR
Name BAUER, MATTHEW EVAN
Address 1357 E. LASSEN AVE., SUITE 100
City-State-Zip: CHICO CA 95973

Title AMBR
Name SCHULER, KEITH
Address 1357 E. LASSEN AVE., SUITE 100
City-State-Zip: CHICO CA 95973

Title AMBR
Name BROWN, DENISE
Address 1357 E LASSEN AVE, #100
City-State-Zip: CHICO CA 95973

Title AMBR
Name CARMASSI, STEPHEN
Address 8950 CAL CENTER DR., STE 200
City-State-Zip: SACRAMENTO CA 95826

Title AMBR
Name HARRISON, RICHARD
Address 222 COURT ST
City-State-Zip: WOODLAND CA 95695

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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: KEITH SCHULER

MEMBER

02/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AMBR
Name HOFFMAN, PATRICK
Address 1357 E. LASSEN AVE
100
City-State-Zip: CHICO CA 95973

Title AMBR
Name HOUCK, CRAIG
Address 8950 CAL CENTER DR., STE 200
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Title AMBR
Name KREPELKA, ROSE
Address 1357 E LASSEN AVE
100
City-State-Zip: CHICO CA 95973

Title AMBR
Name POZAS, ANTHONY
Address 1357 E LASSEN AVE
100
City-State-Zip: CHICO CA 95973

Title AMBR
Name SEAMANS, BRIAN
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100
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Title AMBR
Name WEATHERSBEE, JENNIFER
Address 8950 CAL CENTER DR., STE 200
City-State-Zip: SACRAMENTO CA 95826

Title AUTHORIZED MEMBER
Name IWINS HOLDINGS, LLC
Address 8950 CAL CENTER DR., STE 200
City-State-Zip: SACRAMENTO CA 95826

Title AUTHORIZED MEMBER
Name CLAUSER, GREGORY
Address 8950 CAL CENTER DR
SUITE 200
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Title AUTHORIZED MEMBER
Name SCHOONHOVEN, KEVIN
Address 100 PRINGLE AVE #550
City-State-Zip: WALNUT CREEK CA 94596

Title AUTHORIZED MEMBER
Name RYAN, MIKE
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Title AMBR
Name HOPKINS, JOHN
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Name HUGHES, THOMAS
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Name POLLARD, DONALD
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Title AMBR
Name REVELES, MARIO
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Title AMBR
Name THOMAS, BRUCE
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Title AMBR
Name WILLIAMS, STEVEN
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Title AUTHORIZED MEMBER
Name CARTER, MICHELE
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Title AUTHORIZED MEMBER
Name SCOVILLE, GREGORY
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Title AUTHORIZED MEMBER
Name HIGHTOWER, VICKI
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Title AUTHORIZED MEMBER
Name ALLEY, SHAUN
Address 5 SIERRA GATE PLAZA
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Title AUTHORIZED MEMBER
Name CLARK, ANTHONY
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Title AUTHORIZED MEMBER
Name RAPP, WILLIAM
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Title AUTHORIZED MEMBER
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