

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000004875

FILED
Jan 06, 2016
Secretary of State
CC3213942551

Entity Name: INTERWEST INSURANCE SERVICES, LLC

Current Principal Place of Business:

3636 AMERICAN RIVER DR., 2ND FLOOR
SACRAMENTO, CA 95864

Current Mailing Address:

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

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 3636 AMERICAN RIVER DR., 2ND FLOOR
City-State-Zip: SACRAMENTO CA 95864

Title AMBR
Name BULOTTI, JAMES ALLEN JR.
Address 3636 AMERICAN RIVER DR., 2ND FLOOR
City-State-Zip: SACRAMENTO CA 95864

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 BELLINO, EDMUND DANTE
Address 310 HEMSTED DRIVE, SUITE 200
City-State-Zip: REDDING CA 96002

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

Title AMBR
Name BLOFSKY, MARK E
Address 1357 E. LASSEN AVE., #100
City-State-Zip: CHICO CA 95973

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

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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

AMBR

01/06/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date

Authorized Person(s) Detail Continued :

Title AMBR
Name CARMASSI, STEPHEN
Address 3636 AMERICAN RIVER DR
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Title AMBR
Name HOFFMAN, PATRICK
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Title AMBR
Name HOUCK, CRAIG
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Title AMBR
Name MCKAY, KENNETH
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Title AMBR
Name POZAS, ANTHONY
Address 1357 E LASSEN AVE
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Title AMBR
Name SALVI, KENNETH
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Name THOMAS, BRUCE
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Title AMBR
Name WEATHERSBEE, JENNIFER
Address 3636 AMERICAN RIVER DR
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Title AMBR
Name YATES, GARRETT
Address 222 COURT ST

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

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Name LUTTENBACHER, NANCY
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Title AMBR
Name WILLIAMS, STEVEN
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200
City-State-Zip: REDDING CA 96002

City-State-Zip: WOODLAND CA 95695