

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000009123

**Entity Name:** MCS INSURANCE SUB PRODUCER SERVICES LLC

**Current Principal Place of Business:**

1745 SHEA CENTER DRIVE SUITE 200  
HIGHLANDS RANCH, CO 80129

**Current Mailing Address:**

1745 SHEA CENTER DRIVE SUITE 200  
HIGHLANDS RANCH, CO 80129 US

**FEI Number:** 81-4075862

**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 MBR  
Name WESTERN RESIDENTIAL, INC.  
Address 1745 SHEA CENTER DRIVE SUITE 200  
City-State-Zip: HIGHLANDS RANCH CO 80129

Title TREASURER  
Name CLAUDE, J ABRAM  
Address 1745 SHEA CENTER DRIVE SUITE 200  
City-State-Zip: HIGHLANDS RANCH CO 80129

*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:** J ABRAM CLAUDE

**TREASURER**

**04/16/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date