# **2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000005250

**Entity Name: NRZ INSURANCE AGENCY LLC** 

FILED Feb 25, 2023 Secretary of State 7663581715CC

### **Current Principal Place of Business:**

1345 AVENUE OF THE AMERICAS 45TH FLOOR NEW YORK, NY 10105

### **Current Mailing Address:**

1345 AVENUE OF THE AMERICAS 45TH FLOOR NEW YORK, NY 10105 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 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 MEMBER

Name NRZ MBN ISSUER HOLDINGS LLC
Address 1345 AVENUE OF THE AMERICAS

45TH FLOOR

City-State-Zip: NEW YORK NY 10105

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: NRZ MBN ISSUER HOLDINGS LLC

Electronic Signature of Signing Authorized Person(s) Detail

MEMBER

02/25/2023

Date