

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000002438

**Entity Name:** FBINSURE, LLC

**Current Principal Place of Business:**

128 DEAN STREET  
TAUNTON, MA 02780

**Current Mailing Address:**

P.O. BOX 509  
TAUNTON, MA 02780 US

**FEI Number:** 23-1988101

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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 PATRIOT GROWTH INSURANCE SERVICES, LLC  
Address 501 OFFICE CENTER DR STE215  
City-State-Zip: FORT WASHINGTON PA 19034

Title PRESIDENT  
Name MARTORANA, RUSSEL  
Address 128 DEAN STREET  
City-State-Zip: TAUNTON MA 02780

Title SECRETARY  
Name LARSON, IAN  
Address 501 OFFICE CENTER DRIVE SUITE 215  
City-State-Zip: FORT WASHINGTON PA 19034

Title CEO  
Name GARDNER, MATTHEW  
Address 501 OFFICE CENTER DRIVE SUITE 215  
City-State-Zip: FORT WASHINGTON PA 19034

Title TREASURER  
Name FINKBEINER, MATTHEW  
Address 501 OFFICE CENTER DRIVE, SUITE 215  
City-State-Zip: FORT WASHINGTON PA 19034

*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:** MARTORANA, RUSSEL

**PRESIDENT**

**04/24/2024**

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

\_\_\_\_\_  
Date