

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000003911

Entity Name: PHRI INSURANCE SERVICES LLC

Current Principal Place of Business:

35 PARKWOOD DR STE 200
HOPKINTON, MA 01748

Current Mailing Address:

35 PARKWOOD DR STE 200
HOPKINTON, MA 01748

FEI Number: 84-2009710

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
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 MANAGER, PRESIDENT, CEO
Name NOKE, GARY
Address 35 PARKWOOD DR STE 200
City-State-Zip: HOPKINTON MA 01748

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: GARY NOKE

MANAGER

04/21/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date