

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000005897

Entity Name: STARFISH SPECIALTY INSURANCE SERVICES LLC**Current Principal Place of Business:**200 CONTINENTAL DRIVE
SUITE 401
NEWARK, DE 19713**Current Mailing Address:**200 CONTINENTAL DRIVE
SUITE 401
NEWARK, DE 19713 US**FEI Number:** 86-2997465**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**3H AGENT SERVICES, INC.
1415 PANTHER LANE
SUITE 4 SUITE 327
NAPLES, FL 34109 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 STARFISH SPECIALTY PROGRAMS
GROUP LLC
Address 200 CONTINENTAL DRIVE, SUITE 401
City-State-Zip: NEWARK DE 19713

Title TREASURER
Name LANE, THOMAS
Address 200 CONTINENTAL DRIVE
SUITE 401
City-State-Zip: NEWARK DE 19713

Title VP
Name THABET, MICHAEL
Address 200 CONTINENTAL DRIVE
SUITE 401
City-State-Zip: NEWARK DE 19713

Title PRESIDENT
Name HITZIG, JEREMY
Address 200 CONTINENTAL DRIVE
SUITE 401
City-State-Zip: NEWARK DE 19713

Title SECRETARY
Name MCBURNEY, MARGRET
Address 200 CONTINENTAL DRIVE
SUITE 401
City-State-Zip: NEWARK DE 19713

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: JEREMY HITZIG

PRESIDENT

04/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date