

2025 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.
2114 NW 40TH TERRACE, SUITE D2
GAINESVILLE, FL 32605 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 | STARFISH SPECIALTY PROGRAMS GROUP LLC |
| 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 | TREASURER |
| Name | LANE, THOMAS |
| 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 |

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|-----------------|------------------------------------|
| Title | VP |
| Name | THABET, MICHAEL |
| 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****04/18/2025**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date