

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000013366

Entity Name: CARIBOU INSURANCE SERVICES, LLC**Current Principal Place of Business:**1717 RHODE ISLAND AVE NW SUITE 500
WASHINGTON, DC 20036**Current Mailing Address:**1717 RHODE ISLAND AVE NW SUITE 500
WASHINGTON, DC 20036 US**FEI Number:** 87-3003041**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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
Name	STRADLEY, ERIC
Address	1717 RHODE ISLAND AVE NW SUITE 500
City-State-Zip:	WASHINGTON DC 20036

Title	MANAGER
Name	FROMM, JASON
Address	1717 RHODE ISLAND AVE NW SUITE 500
City-State-Zip:	WASHINGTON DC 20036

Title	AUTHORIZED REPRESENTATIVE
Name	LOPEZ, HOLLY
Address	1717 RHODE ISLAND AVE NW SUITE 500
City-State-Zip:	WASHINGTON DC 20036

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: ERIC STRADLEY

MANGER

01/27/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date