

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000000426

Entity Name: EDWARD WILLIAM INSURANCE SERVICES LLC

Current Principal Place of Business:

1000 N. WEST STREET, SUITE 1200
PMB #4070
WILMINGTON, DE 19801

Current Mailing Address:

1000 N. WEST STREET, SUITE 1200
PMB #4070
WILMINGTON, DE 19801 US

FEI Number: 87-4080847

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL, INC.
115 NORTH CALHOUN STREET, SUITE 4
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 | MGR | Title | AP |
| Name | WILLIAM, EDWARD SL | Name | LEWIS, DARREN |
| Address | CENTRO NORDICO, CRTA DE MIJAS KM 4,5 - LOCAL 12-13 | Address | CENTRO NORDICO, CRTA DE MIJAS KM 4,5 - LOCAL 12-13 |
| City-State-Zip: | MIJAS 29651 | City-State-Zip: | MIJAS 29651 |

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: DARREN LEWIS

AUTHORIZED PERSON

03/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date