

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000009468

**Entity Name:** CAPITOLA INSURANCE SERVICES LLC

**Current Principal Place of Business:**

300 DELAWARE AVE  
STE 210 #386  
WILMINGTON, DE 19801

**Current Mailing Address:**

300 DELAWARE AVE  
STE 210 #386  
WILMINGTON, DE 19801 US

**FEI Number:** 88-1123616

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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 M  
Name CAPITOLA HOLDINGS LLC  
Address 300 DELAWARE AVE  
City-State-Zip: WILMINGTON DE 19801

Title CEO  
Name IRAM, SIVAN  
Address 196 CASTRO ST  
City-State-Zip: MOUNTAIN VIEW CA 94041

*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:** SIVAN IRAM

CEO

05/01/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date