

2024 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:

196 CASTRO STREET
MOUNTAIN VIEW, CA 94041 US

FEI Number: 88-1123616

Certificate of Status Desired: No

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 CEO, AUTHORIZED MEMBER,
MANAGER
Name IRAM, SIVAN
Address 22081 HIBISCUS CT
City-State-Zip: CUPERTINO CA 95014

Title MANAGER
Name DEL GATTO, JOSEPHINE
Address 196 CASTRO STREET
City-State-Zip: MOUNTAIN VIEW CA 94041

Title AUTHORIZED MEMBER
Name FLOW SPECIALTY INSURANCE
HOLDINGS LLC
Address 196 CASTRO STREET
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: JOSEPHINE DEL GATTO

MANAGER

04/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date