

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M23000009876

Entity Name: ORANGE INSURANCE MANAGERS LLC

Current Principal Place of Business:

301 NW 138TH TERRACE
NEWBERRY, FL 32669

Current Mailing Address:

301 NW 138TH TERRACE
NEWBERRY, FL 32669 US

FEI Number: 93-2323908

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name MATZ, DON
Address 301 NW 138TH TERRACE
City-State-Zip: NEWBERRY FL 32669

Title P
Name MCNITT, MICHAEL
Address 301 NW 138TH TERRACE
City-State-Zip: NEWBERRY FL 32669

Title TCFO
Name RIDDLE, DAN
Address 301 NW 138TH TERRACE
City-State-Zip: NEWBERRY FL 32669

Title MBR
Name INNESS ULIMATE HOLDINGS LLC
Address 301 NW 138TH TERRACE
City-State-Zip: NEWBERRY FL 32669

Title S
Name ROBERGE, LAUREN
Address 301 NW 138TH TERRACE
City-State-Zip: NEWBERRY FL 32669

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: DON MATZ

CEO

04/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date