

**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