

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000016048

**Entity Name:** RIPROCK HOLDING, LLC

**Current Principal Place of Business:**

411 FIRST AVE. SOUTH SUITE 501  
SEATTLE, WA 98104

**Current Mailing Address:**

3460 LOTUS DR STE 150  
PLANO, TX 75075

**FEI Number:** 83-0874253

**Certificate of Status Desired:** No

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

URS AGENTS, LLC  
3458 LAKESHORE DR  
TALLAHASSEE, FL 32312 US

**FILED**  
**Mar 28, 2024**  
**Secretary of State**  
**7941715088CC**

*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, MANAGER  
Name EHRlichman, MATTHEW  
Address 411 FIRST AVE. SOUTH SUITE 501  
City-State-Zip: SEATTLE WA 98104

Title COO  
Name NEAGLE, MATTHEW  
Address 411 FIRST AVE. SOUTH SUITE 501  
City-State-Zip: SEATTLE WA 98104

Title TREASURER  
Name TABAK, SHAWN  
Address 411 FIRST AVE. SOUTH SUITE 501  
City-State-Zip: SEATTLE WA 98104

Title SOLE MEMBER  
Name PORCH.COM, INC.  
Address 411 FIRST AVE. SOUTH SUITE 501  
City-State-Zip: SEATTLE WA 98104

Title GENERAL COUNSEL  
Name CULLEN, MATTHEW  
Address 411 FIRST AVE. SOUTH SUITE 501  
City-State-Zip: SEATTLE WA 98104

Title PRESIDENT  
Name CONNER, MALCOLM  
Address 411 FIRST AVE. SOUTH SUITE 501  
City-State-Zip: SEATTLE WA 98104

Title SECRETARY  
Name WISKARI, LAURA  
Address 411 FIRST AVE. SOUTH SUITE 501  
City-State-Zip: SEATTLE WA 98104

Title ASSISTANT SECRETARY  
Name FEINBERG, JUSTIN  
Address 411 FIRST AVE. SOUTH SUITE 501  
City-State-Zip: SEATTLE WA 98104

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*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: MATTHEW CULLEN**

**GENERAL COUNSEL**

**03/28/2024**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title ASSISTANT TREASURER

Name BURKE, MICHAEL

Address 411 FIRST AVE. SOUTH SUITE 501

City-State-Zip: SEATTLE WA 98104