





Office of the secretary of state, Phil McGrane **ANNUAL REPORT** 

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00

The annual report must be signed by an authorized signer of the entity.

Job Title: President

Jon Cooper

Sign Here

For Office Use Only

-FILED-

File #: 0005902759

Date Filed: 9/17/2024 2:36:27 PM

| Entity Name and Mailing Address:  |                           |  |
|---|---------------------------|--|
| Entity Name:  |                           | Overalls Insurance Services, LLC                       |
| Foreign Name (name in home jurisdiction):   |                           | Overalls Insurance Services, LLC                       |
| The file number of this entity on the records of the Idaho Secretary of State is: |                           | 0004453561   |
| Address   |                           | 200 CONTINENTAL DR<br>STE 401<br>NEWARK, DE 19713-4337 |
| Entity Details:   |                           |  |
| Entity Status   |                           | Active-Existing  |
| This entity is organized under the laws of:                                       |                           | DELAWARE   |
| If applicable, the old file number of t<br>the Idaho Secretary of State was:      | his entity on the records | s of   |
| The registered agent on record is:  |                           |  |
| Registered Agent  |                           | COGENCY GLOBAL INC.                                    |
|   |                           | Commercial Registered Agent                            |
|   |                           | Physical Address 1555 W SHORELINE DR                   |
|   |                           | STE 100  |
|   |                           | BOISE, ID 83702  |
|   |                           | Mailing Address  |
|   |                           | 1555 W SHORELINE DR                                    |
|   |                           | STE 100<br>BOISE, ID 83702                             |
|   |                           | BOISE, ID 63702  |
| Agent or Address Change   |                           |  |
| Select if you are appointing a n  | ew agent.                 |  |
| Limited Liability Company Managers and Mem  | bers                      |  |
| Name  | Title                     | Business Address                                       |
| Jon Cooper  | Manager                   | 85 5TH AVE.  |
|   |                           | 8 FL   |
|   |                           | NEW YORK, NY 10003                                     |
| David Pass  | Manager                   | 85 5TH AVE   |
|   |                           | 8 FL<br>  NEW YORK, NY 10003                           |
|   |                           | <u>'</u>   |
| Alison Stewart  | Manager                   | 85 5TH AVE   |
|   |                           | 8 FL<br>  NEW YORK, NY 10003                           |
|   | 1                         |  |

09/17/2024

Date

